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UNIVERSITY OF ALBERTA

THE LIVED EXPERIENCE OF HOPE:
A QUALITATIVE STUDY OF PSYCHOLOGISTS

BY

PATRICIA SUTHERLAND ©

A THESIS
SUBMITTED TO THE FACULTY OF GRADUATE STUDIES
AND RESEARCH IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY
EDMONTON, ALBERTA
SPRING, 1993

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ISBN 0-315-82123-X

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P. Sutherland
....

Patricia Sutherland
#901, 8210 - 111th Street
Edmonton, Alberta T6G 2C7

DATED Dec. 16/92

THE UNIVERSITY OF ALBERTA

FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research for acceptance, a thesis entitled "The Lived Experience of Hope: A Qualitative Study of Psychologists" submitted by Patricia Sutherland in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

R. F. Jevne

Dr. R. F. Jevne, Supervisor

Dr. C. R. Yewchuk

Gretchen C. Hess

Dr. G. C. Hess

Dr. W. J. Close

James Blakey

Dr. J. Blakey

Dr. M. Westwood

Date. November 30, 1992

To my parents, whose hope inspired my life.

ABSTRACT

The purpose of the study was to identify descriptively the phenomenon of hope from the perspective of the individual. The approach and method of research was qualitative in nature. In unstructured audio-taped interviews, seven psychologists participating in the study were asked to describe subjective experiences of hope and their views of how hope is manifested in clinical practice. The descriptive method employed in the study provided in depth understanding of the investigated phenomenon. Through analysis of the data, themes emerged that revealed individual understandings of the lived experience.

Outcomes of the study suggest that the phenomenon of hope is complex, dynamic, and elusive. Further, it is best understood within a context that deals with adversity. The dynamics of the process can be described as maintaining hope in the context of adversity. The role of perceived trust, control, and choice is embedded within this process. The process emerging from descriptions of participants' hope experiences revealed the relationship between the uniqueness of the person and the interpersonal nature of hope.

Results of the study are compared to previous research to describe how the study complements other investigations of the topic. Implications for therapeutic practice, the psychotherapist and further research are discussed in the research report.

ACKNOWLEDGEMENTS

I wish to thank the following people who were instrumental in the successful completion of the research project:

Dr. Ronna Jevne, my supervisor, whose quest for excellence in research encouraged me to reach in new directions. Her expert advise and continuing support fostered hope.

Dr. Carolyn Yewchuck and Dr. Gretchen Hess for providing their insight and support that contributed greatly to the scope of this study.

My committee members, for their invaluable contributions presented with enthusiasm.

The seven psychologists and two reviewers who openly shared their experiences of surmounting difficulties. Special thanks to Cheryl Nekolaichuck for showing special interest and sharing her own views on the topic.

Also, I am immeasurably grateful to my son, Scott, who was a meaningful part of this lived experience of hope.

And finally my friends, especially Bruce Milne, for his support and encouragement as he shared my struggles.

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CHAPTER I

INTRODUCTION

Statement of the Problem

As a practising psychologist I am an observer to the influence of hope in the process of therapeutic change. I am not alone. Hope, has been characterized by numerous authors as vital to life. In describing hope as critical to survival, Fromm (1968) states that "when hope has gone life has ended, actually or potentially" (p. 23). Likewise, Meissner (1989) sees its importance "as a central aspect of human experience" (p. 13).

It is also suggested by a number of researchers that a relationship exists between hope and psychological well-being, that hope is crucial to therapeutic process and therefore essential to the discipline of psychology (Bruhn, 1984; Diez-Manrique, 1984; Dufrane & Leclair, 1984; Frank, 1968; Menninger, 1959; Orne, 1968; Pruyser, 1987). Despite evidence that hope is a significant aspect of mental health and therapeutic practice, few references in psychology focus on hope. The lack of study in the area has prompted concern from a number of authors. Psychologists, for example Korner (1970) and Staats

(1986), emphasize the need for research to determine what hope means and further, how hope is manifested in the practice of psychology. Likewise, Cohen (1958) asserts that "although life without hope is unthinkable, psychology without hope is not, judging by the conspicuous absence of any study of hope from the literature" (p. 103).

This study is a response to the dearth of literature from the psychological perspective. It focuses on the lived experience of psychologists themselves with a view to understanding the construct from the practitioner's perspective. It does not attempt to examine hope from the client's perspective, other than through the eyes of the therapist.

Factors Related to Neglect of the Study of Hope

One reason why only a modest number of psychological studies have focused on hope may be that the pathological bias existing in psychoanalysis has created a tendency for psychologists to focus more on features of pathology, and as a result, have more to say about depression, the effect of hopelessness on different forms of pathology, than the positive aspects of mental health. This is illustrated in the fact that hope, unlike hopelessness, was not a key word in the

Psychological Abstracts prior to 1988 (Jevne, 1990). This situation is surprising if one believes that deeply embedded in foundational assumptions having to do with the practice of psychology is the belief that the psychologist's role is the promotion of mental health. Frank (1968), in recognizing the tendency to avoid inquiry of hope, comments that the therapist may not want to be perceived as a "charlatan" using hope to manipulate patients' expectancies. He suggests that efforts to arouse patient's hopes may be regarded as lacking objectivity and thus not conforming strictly to ethical standards.

Perhaps the lack of research is due, in part, to the historical focus within psychological research upon discovering generalized laws of behavior derived from experimental studies. Cohen (1958) asserts that the study of hope should be occupied with pursuit of the theoretical approach that establishes the legitimacy of human experience as understood from the individual's perspective, the meaning of which is constructed in the context of their subjective world. Cohen supports the notion that for a phenomenon such as hope "it is essential to begin with the qualitative analysis of experience before quantitative methods are applied. Otherwise, matters of great significance may be overlooked, put aside as regrettable errors or got rid of as due to 'the troublesome notion of the immediacy of experience'" (p. 113).

Aspects of the experience of hope likely further confound study of the topic. As Korner (1970) puts it, "some parts of the hope structure are conscious, others on the threshold of awareness, still others unconscious" (p. 136).

The complexity of the phenomenon receives recognition by Lange (1978) who refers to hope as "a mixture of feelings and thoughts. . . .a way of being in the world which draws on previous life experiences of the self and with others" (p. 171).

Further, neglect of research in the area of hope is undoubtedly related, in part, to the methodological difficulties associated with investigating such a relatively complex and abstract concept. Breznitz (1986) suggests that the main reason for the neglect of research on hope may be that "the highly intimate cognitions that take place when one worries or hopes discourage programmatic venture into what is rightly perceived as a high risk area of study" (p. 296).

Approaching the Study of the Lived-Experience of Hope

The study is designed from a phenomenological perspective. The rationale for choosing the phenomenological perspective is its focus on the study of the subjective experience of individuals, uncovering understanding of a phenomenon as humanly lived. The approach to the study assumes that personal reflections on experience, past experiences or current lived-experience, increases awareness and makes understanding of lived-experience possible. Reflecting on the data and describing what has been learned about the experience of hope are the tools for discovering the emerging patterns that represent the commonality of human experience.

The study adopts the position that a descriptive qualitative approach to research will provide in depth understanding of the phenomenon, and so add to existing inquiries, both qualitative and quantitative, and confirm or question their findings. From such a knowledge it will be possible to devise the much needed implications for clinical methods.

What is Meant by "Lived-Experience of Hope"

This study focuses on a question directed towards the lived-experience in contrast to the experience conceptualized, a particular theoretical perspective. Thus, the study focuses on the question, "What is it like to experience hope?" in contrast to "What is hope?". The question does not seek explanation or causal clarification but rather understanding of the humanly experienced phenomenon of hope by means of dialogue and the analysis of participants' descriptions. The study views the relationship between the researcher and the participants as the context for acquiring understanding of the lived-experience of hope.

Purpose of the Study

The purpose of this study is to identify descriptively what the phenomenon of hope is from the perspective of the individual through lived experiences of psychologists. The study is designed to provide understanding of the phenomenon that is faithful to the complexity of human experience. In addition to providing research knowledge that is the essential basis for therapeutic interventions and further study, the outcomes of the study provide the reader with directions for reflecting on deeper understanding and new insights. This is possible through increasing sensitivity and awareness of our hope experiences. Specifically, the objectives of the study are as follows:

1. To obtain descriptions of psychologists' lived experiences of hope.
2. To analyze these descriptions using qualitative methods.
3. To examine the congruence between the findings and other descriptions of hope, and to consider the implications for therapeutic interventions and further research.

Significance of the Study

This study was devised out of my own personal and professional interest as a psychologist in understanding the phenomenon of hope. I, like my colleagues, deal daily with hope challenged or hope deficit people and situations. There is little in our professional literature to guide one relative to the specific understanding of hope. Chronic exposure to these situations also challenges the professional to situate their hope in a particular personal perspective. That perspective in turn potentially influences their approach to dealing with the hope of those they serve. It is therefore of importance to deepen our awareness of the phenomenon of hope as described through the lived experience of psychologists.

Currently, use of the term hope is so obscure, so broad and inclusive, that it depicts the phenomenon ambiguously and vaguely. Statements made by a number of authors point out the uncertain state of knowledge that has failed to establish consensus of description of the hope experience. Lange (1978) presents the idea of a hope continuum: on one end is the hope syndrome, on the other, the despair syndrome. Dufault and Martocchio (1985) refer to hope as multidimensional and process-orientated. Obayuwana and Carter (1982) conclude that hope can be defined "as the state of mind resulting from the positive outcome of ego strength, religion, perceived human family support, education, and economic assets" (p 232). For Dufrane and Leclair (1984), "hope can be defined as an inner confidence that an expected and desired outcome will occur" (p. 33). Authors like Silberfeld (1981) rely on a dictionary definition of hope. There appear to be as many definitions of hope as there are authors defining the concept. This multiplicity of meanings reflects the difficulty associated with adequately describing such a complex phenomenon. The ambiguity associated with use of the term hope points out the need for further research. By contributing to the clarity of the construct of hope this study has the potential to encourage the development of a theoretical basis for hope grounded in the practitioner's perspective, a perspective presently virtually absent in the literature.

Definition of Terms

A number of terms which have been incorporated within the study design are clarified below.

Client: A person, family, or group (including an organization or community) receiving service from a psychologist (Canadian Psychological Association. 1991. Canadian code of ethics for psychologists,rev. ed., ix).

Counselling: Refers to interactions with a patient or client which involve primarily informing, advising, guiding, educating and so forth. Includes but is not limited to clinical, health, personal, mental, parental, educational and rehabilitation counselling (Council of Provincial Associations of Psychologists, 1991).

Discipline of psychology: Refers to the scientific and applied methods and knowledge of psychology, and to the structures and procedures used by its members for conducting their work in relationship to society, to members of the public, to students, and to each other. Canadian Psychological Association. 1991 (Canadian code of ethics for psychologists, rev. ed., xi).

Psychologist: A person legally qualified to practice as a psychologist under the provincial statute for that purpose. An individual either meets the statutory requirements and is registered as a psychologist or not (Council of Provincial Associations of Psychologists, 1991).

CHAPTER II

LITERATURE REVIEW

Approach to the Literature Review

Primary theoretical dimensions of hope will be discussed to illuminate understandings in the area. In the realm of qualitative research there are somewhat divergent views about the role of literature. On one hand, review of the literature can help focus the study (Patton, 1990). On the other hand, reviewing the literature can bias researchers' conceptions. For the purpose of the study, a comprehensive review of the literature was carried out simultaneously with data collection/data analysis, and concurrent fieldwork. The comparison between this study and others in the same field began when the topic of the research was clarified, continued throughout the study, and ended with the final writing of the dissertation.

Hope has been a topic of study by various applied disciplines including philosophy, theology, medicine, psychiatry and psychoanalysis, and psychology. Each orientation presents its own distinctive theoretical thrust while sharing in common the assumption that information on hope is significant and attainable. The focus of this section is review of psychologically related literature. Brief excerpts from various perspectives, including non-applied disciplines, are presented as an introduction to the main focus.

Myth and Literature

Varying viewpoints did, and still do, exist in the literature that speaks to the issue of hope. Hope has been the subject of Greek mythology and poetry. Down through the ages hope has not received unanimous recognition as a positive concept. The Pandora myth is an ancient and often referred to story which seems to inherently embed the ambivalence regarding the value of hope while acknowledging the dilemma of destiny and will. In ancient history the Greeks believed that hope was an illusion, an expectation of evil, and an awful deception. Hope was associated with evil or unpleasant consequences because, as they saw it, man is destined by fate, and fate is not subject to desires. According to classical mythology, Pandora, the Greek counterpart of the biblical Eve, was intended by Jupiter as punishment for the mankind. Legend has it that hope was viewed as a curse that was left on the bottom of Pandora's box when she released the evils of the world (Averill, Catlin & Chon, 1990).

Hope also has been a recurring theme in the works of poets. Emily Dickinson (1861/1957) wrote in her poem, "Life":

"Hope" is the thing with feathers -
That perches in the soul -
And sings the tune without the words -
And never stops - at all-

This quotation depicts the elusive intangible nature involved in describing hope. It also locates hope in the soul and points to a temporal (eternal) component of hope.

Another poet, Shelley (1810/1904), in "Hope", points us to thought about the context of hope and the relationship to other concepts as expectancy.

And said I that all hope was fled,
That sorrow and despair were mine,
That each enthusiast wish was dead,
Had sank beneath pale Misery's
shrine.-

These hints are present in the philosophical and theological, although the writings of these disciplines is not the focus of this review.

Philosophy

As the brief excerpts from literature suggest, over time a subtle shift occurred from this negative

"Pandora" perspective; hope came to be viewed as incorporating both good and evil. According to the Greek philosopher, Plato, the mortal aspects of the soul were vulnerable afflictions; one of these, hope, is easily led astray (Averill, Catlin, & Chon, 1990). Plato's dialogues, cited by Wright and Shonz (1968), contained the following text, "When hope leaves man, despondency begins to subdue him."

Through to the nineteenth century philosophers continued to express non-consensual opinions about hope. Kant and Nietzsche are among the most known. Kant in his famous Critique of Pure Reason places hope in the foundations and principles of knowledge. Kant suggests that hope is available through an examination of the principles of aesthetic categorization, sensitivity to "beauty" in contrast to the analytic (logical) or synthetic (practical or sensible) (Capps, 1970). The writings of Nietzsche are reflective of his different perspectives depending on contexts. For example, when he speaks about Greek Mythology he is more pessimistic, "In truth, it [hope] is the most evil of evils because it prolongs man's torment. (p. 58) and as cited by Averill, Catlin and Chon (1990), Nietzsche stated that "Let your love to life be love to your highest hope; and let your highest hope be the highest thought of life" (p.5).

In the twentieth century, philosophers have provided new conceptualizations and views of hope. Capps (1970) attributed what he referred to as the hope movement to the maturation of utopian thinking and the preoccupation with wish-fulfilment. Ideas formulated in Ernest Bloch's writings in the 1940's were influential. His The Principle of Hope encompasses his view that hope is something to be learned, it is provocative and active; it is the dream of a better life, "the emotion of hope goes out of itself, makes people broad instead of confining them, cannot know nearly enough of what it is that makes them inwardly aimed, of what may be allied to them outwardly." (p. 3). Writing in the United States, after fleeing from the Nazis, his philosophy reflected a Marxist and theological perspective.

A Christian existentialist, Gabriel Marcel (1978) has written probably one of the most popular works on hope from a series of his lectures in the 1940's. The original work Homo Viator: Introduction to a Metaphysic of Hope. For Marcel, hope is an active process and a psychic activity; it enables a person to avoid despair during times of difficulties such as suffering or in a situation where freedom to act is restricted. The source of hope, according to Marcel, is God. He stresses the shared aspect of the experience, "hope is essentially the availability of a soul which has entered intimately enough into the experience of communion to accomplish in the teeth of will and knowledge the transcendent act - the act establishing the vital regeneration of which this experience affords both the pledge and the first-fruits" (p. 67). According to Marcel, the source of absolute hope is based in a spiritual bond with others, "I hope in Thee for us" (p. 60). Marcel states that objects of true hoping transcend the specific and concrete limits of ordinary experience and involve surrender through denial, giving, and communion to God. Marcel's philosophy of hope has been incorporated in the work of authors such as Pruyser (1987).

Mermall (1970) described the essence of writings by the Spanish philosopher and psychiatrist, Lain Entralgo, whose book Expectation and hope, (1956), has not yet been translated into English. Entralgo's anthropological theory of hope includes interdependent biological and psychological aspects of expectation. According to Mermall, Entralgo believed that hope is a primary, essential activity of existence with trust in a successful future originating in expectation. Expectation, which is innate, and trust are the basic elements of hope. In Entralgo's philosophical position, an affective disposition characterized by mistrust leads to despair, whereas trust leads to hope. He further suggests that a disposition of trust assumes that a person's reality will provide an answer to one's problems. Hope, according to Entralgo, is not associated with absolute certainty and thus, is experienced with anxiety. Hope, then, is a disposition of trusting in the possibilities of "being". Authentic hope is religious, based on the Divine. All personal objects of hope, declared Entralgo, are linked to the universal object of hope, the good of everyone.

Where philosophy ends and theology begins is not a clear boundary. The two disciplines are often being shared by well read scholars.

Theology

In contrast to classical Greek thought, Christian tradition in the Old Testament focused on the hope that God would save the nation from sorrow and pain. Hope, therefore had bearing on the destiny of humankind. The anticipation of the Messiah in the Old Testament was based on the Christian hope that God would fulfill promises.

In the New Testament hope became the expectation of future good as well as of salvation. While the Old Testament focused on God's promise, the New Testament described the fulfilment of that promise. Jesus Christ, the source and goal of hoping, represents the promised kingdom of God. Christians view hope as a hope for all mankind, grounded in God's love and unconditional forgiveness.

A theological perspective of hope is represented in the works of Thomas Aquinas, a thirteenth-century theologian. Aquinas believed that faith preceded hope as one of the Christian virtues, faith, hope, and charity, because future good is the object of hope. Brunner (1956) stated that "the answer of the New Testament is precisely these three words: we live in the past by faith; we live in the future by hope; we live in the present by love" (p. 13).

The attitude and response of the Christian toward suffering, conditioned by Christian hope, is reflected in The Future of Hope, Capps (1970). He identified a universal movement toward future thinking and the possibility of achieving a "utopia". The theologian, according to Capps, should know how to live with history and find God in it. As an example, Capps discusses the topic of hope after Auschwitz and Hiroshima:

> Don't leave the future to hell because hell is always with us. To survive as a human being is already an act of hope. Perhaps not only for a

> Jew, but as a human being, to survive is already to act in hope. To act realistically in the world of today is to act morally. The moral way of acting in history after Auschwitz and Hiroshima is the only way, the only realistic way. (p. 96)

Schrag (1977), supports this view in his discussion of the topology of hope. Hope, according to this author, provides the means to reinterpret the past and replace the tragic.

Over time a shift occurs within theology with the work of J. Moltmann, Theology of Hope (1967), being an apparent turning point. With his attempt to view the historical process as drawn by the future rather than the past, the future was open to new possibilities. The future therefore was deemed to have more reality than the past. Future could be trusted against all odds because it is God's future (W. J. Close, personal communication, November 30, 1992). The Liberation Theology Movement translated this kind of thinking into the world as a place where the future need not be awaited; rather the future could be created.

This cursory glimpse at philosophical/theological views hint at the contextual, relational and praxis issues of hope.

Medicine

In perhaps no other field are we more conscious of hope than when health is threatened. Numerous studies have noted the relationship of hope and health. More recently, hope and other "deterrents to illness" were examined by Gottschalk (1985). He used the term "deterrents" to refer to "the relative absence of depression or hopelessness, the relative absence of life changes-especially adverse ones-the ability to express emotions openly, and the capacity to use constructive coping mechanisms to deal with inner or external stress" (p. 515). Gottschalk provides empirical data indicating that hope lessens susceptibility to illness. Hope scores were correlated with survival time for terminal cancer patients receiving radiation therapy.

Travelbee (1971) defined hope as "a mental state characterized by the desire to gain an end or accomplish a goal combined with some degree of expectation that what is desired or sought is attainable" (p. 77). She based her assumptions on existential theory. In her view, meaning in an illness is found in the nurse-patient relationship. That relationship transcends the barriers of the roles. The nurse's task, according to Travelbee, is to meet the patient's needs for hope and to assist the ill person to avoid hopelessness.

In a qualitative study, Dufault and Martocchio (1985) stated that hope is "multidimensional and process-orientated". Their contributions are derived from two studies, which they conducted over a 2-year period on elderly cancer patients and on terminally ill persons with varied diagnosis. From their studies, the authors concluded that hope is composed of two related but distinct spheres, namely generalized hope and particularized hope. Generalized hope gives a broad perspective on life, a sense of future helpful developments and restores meaning and motivation to meet responsibilities. In contrast, particularized hope focuses on a particular hope object, such as desired outcome or state of being. Dufault and Martocchio further proposed that the spheres of hope consist of six dimensions that structure the experience of hope. The dimensions of hope are affective, cognitive, behavioral, affiliative, temporal, and contextual. The authors propose that nursing should strive to understand how this valuable and indispensable resource may be operative to assist the patient throughout the illness experience, particularly during the final phase of a person's life.

Kubler-Ross (1975), in discussing the stages of dying, emphasizes the role that hope has in assisting people to accept that death is as much an aspect of human existence as is living. She points out that the professional's role is to assist the dying person to accept death as a normal part of the life process and retain hope. Patients may not be able to hope for a longer life but they can hope for freedom from pain, or for a peaceful death. Hope is beneficial for it brings cheer, serenity, and optimism. During the last stage of dying, the acceptance and resolution stage, hope becomes realized through reconciliation with self, family, relatives, and neighbours.

Not all authors focus on hope as a positive phenomenon. Some authors oppose encouraging hope in patients. Hope has been considered a "negative force" in nursing articles by Duncan and Rodney (1978). Hope, for these authors, is a state of mind associated with confidence - what is desired will be fulfilled. Duncan and Rodney believe that the focus on positive aspects of hope has misled professionals into a preoccupation with avoiding the inevitable. Rather than a help to accepting reality, hope is perceived as a hindrance. Duncan and Rodney argue that hope is a source of cognitive dissonance which can interfere with nurses' ability to provide optimum care. In their view, nurses need to accept the reality of a patient's death in order to be able to grieve and cope with their own frustration when hope fades.

Relative to physical health we sense again the contextual, relational complexity of the construct.

Psychiatry and Psychoanalysis

In the literature of psychiatry and psychoanalysis, Menninger (1959) described hope as a process, "an adventure, a going forward, a confident search" (p. 484). At an annual meeting of The American Psychiatric Association, (1959) his presentation addressed the issue of false expectations: inspiring excess hope leads to disaster and offering no hope leads to despair and decay, thus psychiatrists must show patients reasonable possibilities that may become genuine expectations. In his challenge to colleagues, he proposed that self-examination is needed because "if we dare to hope, should we not dare to look at ourselves hoping" (p. 482).

French (1970), provides a conceptualization of hope. Hopes, according to French, are significant for planning, and thus central to the integration of behavior. French holds that desires of too great intensity make the ego's integrative task more difficult; hope facilitates integration. With hope, the ego is able to cope with temporary frustrations associated with coordinating different desires into a rational behavioral pattern.

French (1970), discussing the effectiveness of therapeutic interventions, suggests that specific hopes are essential for the maintenance of the integrative capacity necessary for success in therapy. He reasons that while the patient's therapeutic incentive is based on specific hopes of what therapy can do, hope of success and probability of success are dependent upon present opportunities and memories of the past. He further observes that interventions focusing on hope have the propensity to create and sustain therapeutic progress. There are, as French points out, implications for psychoanalysis. Throughout the process of therapy, reality-based hope may be disregarded, but will emerge more bold and more persistent at termination.

Lynch (1974), a Jesuit priest, also provided a contribution to literature of hope from a psychiatric perspective. He stated at the outset of Images of Hope, "*Hope comes close to being the very heart and center of a human being*" (p. 31). In his analysis hope contains elements of wishing and willing, of chance or risk, and imagining that transcends difficulty, avoids panic or lethargy, and allows the person "to envision another way out" (p. 35).

Psychology

In the literature of psychology, there are four different approaches to providing understanding of hope: (1) the theoretical writings of major theorists, psychologists who have focused specifically on understanding the phenomenon of hope; (2) works of secondary sources that have incorporated hope but not concentrated on the phenomenon; (3) reports on research studies; and (4) discussion of related issues.

Major Theorists

The systematic search to understand the elusive phenomenon of hope has been a major pursuit for a few psychologists. For example, Stotland (1969) focused mainly on the behavioral dimension and cognitive aspects of hope and attempted to reduce the concept of hope to a singular definition. In contrast, Korner (1970) and Jevne (1990) moved beyond reducing hope to a singular definition to a more multidimensional view that included affective and cognitive domains.

Stotland

Stotland in The Psychology of Hope (1969),

presented the idea of hope as being future orientated in terms of probability; he defined hope simply as "an expectation of greater than zero of achieving a goal"

(p. 2). Behavioral (i.e., goal attainment) and cognitive aspects (i.e., perceptions and communication) of hope are emphasized in this theory of levels of hopefulness focused on the association between expectations and learning cycles, social processes, and clinical interventions. In Stotland's view, effective commitment and motivation for attaining a goal are associated with the importance of the goal and the perceived probability of attaining that a goal. Stotland combined propositions or joined propositions to assumptions to generate two hypotheses: (a) as the expectation of achieving a goal increases, the person becomes more inclined to act to attain it; and (b) as the goal becomes more important, people are more likely to attend selectively to those aspects of their environment that are relevant to acquiring that particular goal. These propositions have provided the basis for research (Erickson, Post and Page, 1975) and the development of a measurement instrument.

Korner

In contrast to Stotland, Korner (1970) did not focus on the goal attainment behavioral dimension. Using hope as a coping strategy to motivate action has been discussed by Korner, a clinical psychologist who suggested that hope is energizing and essential for healthy coping. Korner conceptualized hope as having four components: purpose of hope, affective component, the cognitive component, and the hope equation. Hope, according to this author, can assist an individual to avoid despair and unpleasant or stressful situations. Korner's view of the affective component of hope is the emotional attachment of the individual to the process. Korner points out the complex nature of hope in the statement, "like the tip of an iceberg, some parts of the hope structure are conscious, others on the threshold of awareness, still others unconscious" (p. 136). According to Korner, the rationalizing chain or cognitive component of reality surveillance occurs when hope becomes conscious. The concept of the hope equation describes the dynamic relationship among the affective component, the rationalizing chain and external stresses.

Jevne

Among the psychologists, who have devoted studies to hope, Jevne (1990) holds that although hope is expressed in the language of different disciplines, common elements can be identified across disciplines or "fields of hope". Jevne's conceptualization of hope acknowledges the multidimensionality of hope, but incorporates elements within a more comprehensive framework than some of the other preceding works. According to this author, the common elements are: "Hope is active rather than passive. It has a temporal component. It appears to be referenced in the future, grounded in the past and experienced in the present. It is always experienced, through the creative process of imagination, in relationship to someone or something" (p. 30).

In It All Begins With Hope, Jevne (1991), demonstrates that hope is part of our "life's journey" as she shares the stories of individuals, patients, caregivers and bereaved families, who display remarkable hope in their experiences with cancer. Hope, for this author, is "a relative to courage and trust, an antidote to fear and despair" (p. 147). Jevne expands her previous description of hope to include the following: found in a context or life situation that has an element of captivity or, minimally, uncertainty; always set in the context of time; experienced in relationship to someone or something; has two levels (specific hope and a future that is "benevolent"); runs through all dimensions of life; and is a shared experience. Also noted is that while some aspects of hope can be experienced in the symbolic, unconscious realm, others appear in the conscious cognitive, rational realm. Jevne concludes with hope-enhancement strategies. Although generally psychologists have in the past been negligent in considering hope, these recent works suggests that the situation is changing.

Secondary Sources

A review of the professional literature of hope was difficult to construct. Within the large group of psychological theories many distinctions were made. The attributes included those concerned with aspects of behavior or personality and those concerned with psychotherapy. Behaviorists attempted to account for behavior in terms of either conditioning or cognition as a critical determinant of behavior. Within this framework (Bernard, 1977; Janis, 1982; Lazarus & Folkman, 1982; Pribram & Melges, 1969; Schachtel, 1959; Shand, 1920) hope was considered an aspect of emotions and behavior. The origins of hope were genetically linked (Bernard, 1977). A classic psychoanalysist, Erikson (1964) who helped to establish ego psychology on the basis that ego processes are inborn suggested that hope is an aspect of the emotional background of the individual. Theorists Lewin (1951) and Fromm (1968) offered different perspectives. Physical field theory in psychology appeared in the movement known as Gestalt psychology. Lewin, one of the most prominent figures in this area, considered hope as an expectation of something in the future. In social psychology theory that considers personality as social rather than biological, Fromm (1968) focused on hope and the relevance of social psychological variables. Existentialists (Frankl, 1957; Pruyser, 1987; May, 1983; Van Kaam, 1966) viewed hope as associated with existence, an emerging that occurs within individuals and between individuals and their world. Progoff (1985) suggested a relationship exists between anxiety and hope within the framework of Depth Psychology that combines biological, cultural, and existential factors. The formulations of these authors, although valuable, are narrow in their conceptualizations with primary emphasis on how hope can be considered from a particular theoretical perspective with little consideration of the individual's lived experience. In the following section each of the approaches are discussed in terms of bodies of formulations within personality theories and systems of psychotherapy, and the chronological order in which they emerged.

Behavior Theories/Behavior Therapy

Shand

In the literature of psychologists, Shand (1920) has been considered probably the first to systematically address hope (French, 1970). In The Foundations of Character, Shand formulated laws to explain the tendencies of emotions and sentiments associated with the formation of character. He divides his comprehensive system into three ascending orders: impulses, emotions and appetites, and sentiments. In Shand's view, "*We tend to feel hope when we think and believe that the chances in our favour are good, or* *have become better than they were*" (p. 466).

Among the laws of hope and despondence devised by Shand is the law of mutual implication, used to explain the reciprocal relationship of hope and anxiety. Uneasiness accompanies hope: there is no certainty, though, chance favours a positive outcome. Shand stated "we find that as we indulge in hope, or maintain it by voluntary effort, we remove anxiety farther from us; and that as we are possessed by anxiety, hope recedes" (p. 505). He cites Satan in Paradise Lost to emphasize this point, "Where no hope is left, is left no fear" (p. 507).

Schachtel

The issue of the origins of hope has been addressed by theorists interested in why some people characteristically live with hope when faced with stressful life situations, while other people exist without hope. Analyses of the origins of hope have helped address a fundamental question: To what extent are genes and environment important variables accounting for the development of individual differences in hope?

From a developmental viewpoint, Schachtel (1959) in Metamorphosis: On the Development of Affect, Perception, Attention, and Memory, claimed that hope has implications for the development of two major types of affects. The embeddedness-affect and the activity-affect are significant to the person's evolution from embeddedness to emergence. Each person thus becomes themself, is self-actualized, and realizes their potential. In the context of embeddedness-affect, hope can be the wishful expectation and anticipation that things will change for the better. According to Schachtel, "usually, such magic hope is also characterized by vagueness of the idea of what the change should be and what the realistic conditions for it are " (p. 37). Activity-affect, on the other hand suggests that hope can have an activating effect and allow the person who feels hope to act with more sustained energy than the person who does not feel hope. This realistic hope, while directed towards the future, makes a person's life more meaningful in the present.

Pribram and Melges

Other authors adopted different approaches. For example, Pribram and Melges' (1969) neurological approach to emotion considers hope an affective signal that can serve to appraise outcomes and to maintain or modify a plan of action.

Bernard

Bernard (1977) has presented the view that the origins of hope, like depression, may be genetically linked. This author cautions that although personality orientation, such as physical health, perceptual capacities, and intelligence predispose a person to hope, environment should be considered an influencing factor as well. In claiming that heredity and environment present potentials, Bernard states "as a psychologist, most of the author's concern for countering depression and hopelessness with hope resides in the conviction that, after reaching the age when logical thought is attained, persons can, and must, exercise choice" (p. 289).

Janis

A number of authors writing in the 1980's have addressed the issue of the relationship between hope and stress. Findings from stress research relative to hope are compatible with the assumption that hope is important to mental health. For example, Janis (1982),

suggested that in addition to new cognitive skills, self-confidence, perceived control, and hope of finding satisfactory solutions to problems are necessary for coping with psychological stress.

Lazarus and Folkman

In another theory of stress, Lazarus and Folkman, (1984) in focusing on cognitive appraisal and coping theory, confirm the conclusions of Janis (1982). These authors suggested that positive beliefs serve as a basis for hope and sustain coping efforts even in difficult circumstances. Outcomes are controllable, one has personal power to affect outcomes.

Ego Psychology/Psychoanalysis: Erikson

In contributing to knowledge of developmental roots and evolution of certain basic human qualities Erikson (1964) developed a theory of psychosocial "crisis", the emotional background for the development of the ego. Hope is the first vital virtue, the first criteria of ego vitality at other stages of life cycle. Erikson postulated that "Hope is both the earliest and the most indispensable virtue inherent in the state of being alive" and further, "if life is to be sustained hope must remain, even where confidence is wounded, trust impaired (p. 115)". For Erikson, the "ontogenetic" source of hope can be traced to the relationship between mother and child and the infant's basic trust in his or her mother. Hope begins with children's first encounters with the trustworthy person, who responds to their physical and emotional needs in a warm and calm manner. The infant, in turn, inspires the adult's desire to give hope. As the person matures, concrete hopes will be replaced by a more advanced set of hopes. The child learns to overcome disappointment, to consider better prospects, to imagine, and to develop reasonable expectations. In summary, Erikson views hope as necessary for life and for healthy ego development.

Field Theory: Lewin

The concept of hope is a significant part of Lewin's (1951) field theory. Implicit to his view of hope is the notion that "*Hope* refers to a relationship between the structure of the reality level and of the wish level of the psychological future" (p. 40). The expectation of something in the future helps us to cope with the present. Everything occurs in a field of life, the psychological environment, simultaneously consisting of the psychological past and the psychological future. Peoples's views of their past make up the "reality-level" of the past. Lewin believes that if we have hope the present is less of a focus, thus, we suffer less.

Social Psychological Theories: Fromm

Erich Fromm (1968) approached psychoanalytic theory from a social psychological perspective. The main assumption underlying Fromm's writings, which were heavily influenced by Karl Marx, is that we feel lonely and isolated because we have become separated from nature and from other people. Fromm attributes hopelessness to wars and the "totally bureaucratized" industrial society. The paradoxical nature of hope, according to Fromm, is that it is neither passive nor active towards circumstances that are not realistic.

For Fromm, "hope is a psychic concomitant to life and growth" (p. 12).

Existential Psychological Theories/Existential Analysis

Frankl

Frankl (1957), like French, believed that every person individually attributes meaning to their life. Frankl's view is that a person needs to find meaning, as opposed to pleasure, for assistance in transcending difficult situations. Thus he referred to his theory as "logotherapy" from the Greek word "logos" (meaning). Reporting on how situations which lead to hopelessness can assist the person to create mental images and find meaning in the suffering, Frankl stated that "even under World War II concentration-camp conditions psychotherapy or mental hygiene could not possibly be effective unless directed toward the crucial factor of helping the mind find some goal in the future to hold on to " (p. 118). Hope is experienced in the present and acts as a link to the goal projected future. In his view, the organism's immunity is dependent on affective states, "blighted hopes gravely influence immunity" (p. 118) and in the concentration camp, was followed by mass mortality.

May

Another existential thinker, May (1983), outlines the tasks necessary in reflecting on one's past. May states that "some hope and commitment to work toward changing something in the immediate future, be it overcoming anxiety or other painful symptoms or integrating oneself for further creativity, is necessary before any uncovering of the past will have reality" (p. 140).

Van Kaam

Van Kaam (1966), a contributor to the development of existential-phenomenological theory, believes that faith, hope, and love form a fundamental triad that is rooted in the mother-child relationship. The mother provides the first affirmation of the child as a human being when she acknowledges the child as a believing, hoping, sympathizing being. In this way the mother confirms for the child her belief in the child's uniqueness and worthiness, her hope for his or her success in life, as well as her unconditional love.

Pruyser

Pruyser (1987), a phenomenologist and psychologist, offers his view of hope in stating, "to hope, then, one must have a tragic sense of life, an undistorted view of reality, a degree of modesty vis-a-vis the power and workings of nature or the cosmos, some feeling of commonality, if not communion, with other people, and some capacity to abstain from impulsive, unrealistic wishing" (p. 122). The hoping person, observes Pruyser, assumes that the realities in life are possibilities yet to be discovered. In a discussion of clinical issues, Pruyser points out that hope is basically a shared experience, and that health professionals must address the important issues. First, the reality of truth should be tempered with consideration of the patient's coping abilities. Secondly, as hoping pertains to an existential condition, it is a matter of being. Next, hope has an infectious quality for the patient interacting with caregivers and relatives. Finally, hope is a quiet courage in reaction to stress.

Depth Psychology: Progoff

In the nineteenth century, depth psychology came into existence based on the assumption that people have to be healed. Biological, cultural, and existential factors related to the cycles of whole life experience are issues in the theoretical framework of depth psychology. One proponent of this theory, Progoff (1985), sees depth psychology as means to improve the quality of consciousness. In relating this conceptual understanding to practical understanding, Progoff suggests the method of "intensive journal". Three principles form the basis of Progoff's theory. The first, dialectics infers that opposites tend to form and build the energies of movement. The second, depth, is the dimension of human experience that is represented by means of symbols. The third principle, holistic integration, is inherent in the process by which the dialectics and depth combine to form new, refined units and directions in life.

Progoff (1985) offers an explanation of how the dialectic of hope and anxiety can be experienced in a way that avoids pain. Beyond consciousness, at the depth level, implications and potentials exist for the person. Anxiety, for Progoff, is a dynamic factor in the cycle of movement into opposites which strengthen and lead to growth in consciousness. Through the Intensive Journal method, individuals can move beyond the dialects while maintaining contact with the actualities of their lifes.

Research Studies

Rather than investigating the lived-experience, the research on hope tends to follow the traditional orientation of focusing on specific variables such as motivation (Mowrer, 1960), dealing with disability (Wright & Shontz, 1968), emotions (Averill, Catlin, & Chon, 1990), belief in a positive future (Kiesler, 1977), and coping strategies (Breznitz (1986; Nekolaichuk, 1990). Staats (1989) focused on measurement tools. The outcomes, reports of causal relationships or confirmations of specific hypotheses, reduced hope to a theoretical construct as exemplified by the following examples.

Mowrer

Within the framework of learning theory, emotions are viewed as a nonspecific affective state associated with a strong primary drive. Emotions are subject to conditioning of certain behaviors. From this perspective, rewards lead to hope, and hope, associated with the expectation that the situation will get better, is a motivator for action.

Mowrer (1960) claims that he introduced the concept of hope within a stimulus-response framework. His perspective on hope combines Thorndike's Law of Effect and Pavlov's theory of classical conditioning. As Mowrer views it, emotions are significant for they lead to a state of awareness or expectancy which prepares a person to act appropriately. For Mowrer, hope and fear are dynamically interwoven. Mowrer holds that hope is an emotion, a state of positive expectancy of a situation improving, but coupled with a constant fear that it will not.

The concept of secondary reinforcement is a significant construct in Mowrer's theoretical scheme. Specifically, secondary motivators are acquired by learning in contrast to innate primary drives such as hunger and thirst. The experiments described in Mowrer's book suggest that certain emotions, such as hope, may be learned through conditioning. A significant aspect of Mowrer's theory is the idea that hope serves as a placebo, and may therefore be considered an example of a type-2 secondary reinforcer. He concluded from his research that hope is aroused when a stimulus signals some benefit to the person and that without the signal disappointment is followed by anger or sorrow. The essential conclusion is that hope and fear serve two functions. Hope can motivate or direct behavior; it can also provide the basis for higher-order conditioning.

Wright and Shontz

Wright and Shontz (1968), clinical psychologists, examined the process of accepting a disability in a study of a population of children with disabilities, their caregivers, and rehabilitation personnel. Children's hope structures were compared to adult hope structures. These researchers concluded that reality surveillance was more evident in adult hope structures; these varied with the adult's ability to deal with uncertainty. Reporting on cognitive-affective tasks in the hoping process, the psychologists suggested the following: hope perceived, reality surveillance, worrying about the future, and mourning as hopes are given up.

Kiesler

Kiesler (1977) investigated the psychological consequences of acting on one's beliefs. Based on the premise that hope is the belief that positive things will or may occur in the future, this researcher proposed that despondency is a belief that negative things will occur in the future. Subjects were asked to engage in some behavior that was more or less consistent with their beliefs. The contingencies for their behavior varied. This author concluded that "behavior has an effect and impact on our attitudes and beliefs far beyond the specific action" and further, "the freer we feel to engage in the behavior, the greater the impact" (p. 336). An important finding by Kiesler confirms that commitment is a determining factor, that by committing to some form of behavior, the person assumes more responsibility for that behavior and its consequences.

Breznitz

Breznitz (1986) focuses on identifying the association between hope and coping with stress. Breznitz uses qualitative research methods to investigate how people deal with a variety of stressful situations. He distinguishes between the work of hoping and of hope itself. Whereas the former implies an active ongoing process, the latter describes a cognitive state, or a passing thought. Based on qualitative information, Breznitz abstracts content free metaphors to describe the processes involved in the work of hoping. He describes hope as a protected area of positive experience, as a bridge to a way out of misfortune, as intention leading to positive images, hoping as performance, and as a reward in itself which reduces negative thoughts. Breznitz ventures into the systematic study of children in the area of hope. Each subject (ages 7 to 9) was presented with a hypothetical threatening situation, for example, the child is alone and lost in the forest. The child's efforts to imagine coping with the situation were systematically rejected until the child experienced complete helplessness. Remarkable individual differences were noted in the ability of some children to resort to hoping at the point of helplessness. Breznitz, based on qualitative information, concluded that hope is a process that stimulates physiological changes. That process is active and provides the person with the motivation to act or to cope with helplessness and despair.

Measurement of Hope

Some research activity has focused on the measurement of hope. Testing hope is problematic because the concept of hope is only vaguely understood even by the researchers themselves. In this last section, some of the attempts to measure hope are presented.

Instruments to measure hope have been devised by those scholars who believe that the lack of research on hope is due, in part, to inadequate testing tools. These measurement instruments are based on various theories and are tested against psychometric data collected from individuals responding to items perceived to measure hope. The Hope Scale (Erickson, Post, & Paige, 1975) is based on Stotland's (1969) description of hope as an expectation of greater than zero of attaining a goal considered representative of desired goals in our society. The Stoner Hope Scale (Stoner, 1982) is an expansion of the Hope Scale. Obayuwana, Collins, Carter, Rao, Mathura, and Wilson (1982) developed the Hope Index Scale based on the following definition of hope: "the state of mind which results from the positive outcome of ego strength, perceived human family support, religion, education, and economic assets" (p. 761). Gottschalk (1985) devised the Gottshalk Hope Scale based on the belief that hope can be measured as optimism that a favorable outcome is likely to occur in a person's earthly activities, in addition to spiritual or imaginary events.

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The author concluded that both scales need to be validated through study involving various populations.

Nekolaichuk

Nekolaichuk (1990) investigated the relationship between hope and medication compliance in the chronically ill. The results of her study suggested that hoping and coping are two concurrent processes. Although separate, these processes are interconnected through the theme of living with uncertainty.

Averill, Catlin, and Chon

An alternative approach was developed by Averill, Catlin, and Chon (1990) who investigated, by means of a questionnaire, the way in which undergraduate psychology students experience and interpret representative episodes of hope. The purpose of the study was to investigate the nature of hope as an emotion. Their theoretical preconception, a social-constructionist point of view, is based on the belief that emotions are structured according to social norms or rules. This approach examined factors that appear to be criteria for hope. These authors concluded that hope is a disposition to think and to act according to rules of hope.

> Specifically, the person who is sincerely and appropriately hopeful views the future with realism based on faith, not Pollyannish denial (prudential rules); regards as important (priority rules) and socially acceptable (moralistic rules) the events hoped for; and within the realm of the possible, is ready to do whatever is necessary to make the future a reality (action rules). (p. 102)

The methods used, predetermined response categories in a questionnaire, eliminated subjects' personal perspectives and limited the focus to that of hope as a social tool.

Although each of these authors examined various aspects of hope, their work is limited by such factors as the focus on specific variables and the confines of the methodology of quantiative research methods.

Related Issues

A review of the current professional literature reveals two related issues: hope and group counselling, and hope and pastoral counselling. Psychologists, Couch and Childers (1987) and Waldo (1985) propose that hope is a factor related to therapeutic outcomes for counselling groups. According to Kemp (1984), a professor of psychology, a religious faith is critical to hope and hope can most appropriately be understood within theology.

Group Counselling

Waldo

Waldo (1985) conceptualized group counselling within a triangular framework which facilitated effective leader interventions, group activities, and research hypotheses. Instilling hope, defined by Waldo as the belief that problems can be overcome, was considered a curative factor for individuals participating in group therapy. Waldo suggested that, prior to group activities, leaders should provide hope-enhancing strategies to encourage group members to share their own progress and thus provide ever-growing models of hope.

Couch and Childers

Reporting on the benefits of hope in group counselling, Couch and Childers (1987), suggest that specific leadership strategies should be directed at instilling hope in members of the group. These strategies include the following: conducting pre-group interviews, providing information and correcting misinformation, validating commonalities among group members, accentuating the positive, and participating in continuing education and professional development.

Couch and Childers note that these strategies assist the client to develop confidence in overcoming problems and thus, improve effectiveness of the group.

Kemp

Kemp (1984) addressed the issue of a false form of hope in psychotherapy as he related biblical concepts of hope to psychotherapy. In reporting his view that trust and reliance are implied in the concept of hope, he stated that hope is defined as "a feeling that what is wanted will happen, a desire and anticipation or expectation which presupposes memory and a capacity for loving" (p. 34). Kemp believed that, although the possibility of true hope is always present, it must become an actuality in an atmosphere of love and through an act of human or divine grace. Only such inner resources are lacking, should the person receive assistance in achieving improved mental health through a strictly therapeutic relationship. Religion can provide valuable emotional support to those who are religiously orientated. However, it is important to consider hope in a more general sense for those whose beliefs are not strongly founded in religion.

Summary and Conclusions

The preceding review of the literature has discussed the research and theory pertaining to hope. Hope has been approached with various methods aimed at understanding the phenomenon and from different disciplinary perspectives aimed at providing theoretical analysis and conceptualizations. The foregoing was a discussion first, of various theoretical positions on hope, and second, of a more extensive examination of the efforts of psychologists to develop understanding of the topic. Psychologists have focused specifically on the phenomenon, incorporated hope into theories of personality and psychotherapy, conducted research studies, and considered hope as it relates to group therapy and pastoral counselling.

The review suggests that regardless of their theoretical predilections, all of the authors attribute a significant role to hope in our lives. Thus, it is reasonable to assume that increased knowledge of hope would have the potential to benefit the practice of psychology. Increased knowledge of hope will have the potential to increase the quality of therapeutic interventions and the efforts to promote mental health.

Although the research provides valuable information about certain aspects of hope, it fails to describe the lived human experience of persons who have both a personal and professional interest in understanding the phenomenon. The predominance of theoretical exposes suggest the need for further investigation from the "lived" perspective as does the possible premature development of hope scales. Natural science methodologies provide information on causal relationship and confirm specific hypotheses but do not allow for understanding by gathering descriptions of lived experiences. By researching the experience of psychologists' experience, by grasping their understandings, a descriptive understanding of the phenomenon of hope can be derived. The discussion of the descriptive qualitative approach in the next chapter provides procedures for understanding the experience of hope.

CHAPTER III

APPROACH TO THE STUDY

This chapter discusses the approach to the study, including the design and procedures employed in conducting the research. Assumptions underlying the qualitative study of a phenomenon are presented. Methods of data collection and analysis are described. Reliability and validity issues, ethical considerations, delimitations and limitations are discussed.

Assumptions in Phenomenological Inquiry

The choice of a qualitative approach for this study was determined by the suitability of the paradigm for answering the research question. This topic is not appropriate for quantitative approaches which are explanatory or predictive in nature. Within the paradigm a phenomenological perspective, described by Colaizzi (1978) as "understanding-descriptive", was selected as appropriate for studying the lived experience of hope. The aim of the inquiry is to formulate description of the experience of hope. Phenomenological inquiry is, as Husserl (1964) puts it, directed "back to the things themselves." The phenomenological orientation of research methodology addresses questions related to how the phenomenon is experienced. The researcher focuses on awareness of the lived experience and how it happens. Understanding of the data is often reported as themes. A number of assumptions of phenomenology relate to the nature of this enquiry.

Variation and flexibility in procedures is an important assumption of phenomenology. The difficulty in trying to foretell particular research methods and procedures in phenomenological research is addressed by Colaizzi (1978). The term "understanding-descriptive" has been presented as a classification for this type of research method in which no single method or procedure can be forecast, only methods and procedures of description. Colaizzi explains why this is the case, "*Each particular psychological phenomenon, in conjunction with the particular aims and objectives of a particular researcher, evokes a particular method*" (p. 53). And further, "research procedures of analysis. . .should be viewed flexibly and freely by each researcher, so that, depending upon his approach and his phenomenon, he can modify them in whatever ways seem appropriate" (p. 59).

The emerging design allows the exploration of what phenomenology refers to as directionality or intentionality; that all conscious processes are directed towards and related to something. Van Manen (1990) defines "intentionality" as "the inseparable connectedness of the human being to the world" (p. 181). This reference to the relationship between individuals and their world means that all thinking and human activity is directed towards something. Phenomenology describes how phenomena present themselves in lived experience through conscious means.

Phenomenological inquiry affirms that meaning derived from interpreting these experiences constitutes a person's reality (Colaizzi, 1978; van Manen, 1990). It is through experience that we interact with our world and create meaning in our lives. In other words, it focuses on understanding the experience of the phenomenon for the people participating in the study (Patton, 1990).

Furthermore, phenomenologists redefine the meaning of the terms "objectivity" and "subjectivity", common to quantitative research. Van Manen (1990) defines objectivity as being "true to the object", that is, the nature of the object as revealed in descriptions and interpretations. Colaizzi (1978) states that "objectivity is fidelity to phenomena" (p. 52). Objectivity, then, requires the researcher to faithfully express the phenomenon as it presents itself. It is a method that maintains contact with experience as it is given and achieves descriptions with accuracy, richness and depth.

The purpose of phenomenological inquiry follows from these assumptions. Phenomenological study seeks to uncover descriptions of personal, subjective experiences of the phenomenon. The aim of phenomenological inquiry is to remain faithful to the complexity and the dynamic nature of human experience. As Colaizzi (1978) points out, "*understanding* the investigated phenomenon qualifies exquisitely as a criterion for research knowledge" (p. 56). Phenomenological descriptions reveal an understanding of a phenomenon, that elicits a sense of recognition in others when they have similar experiences. Van Manen (1990) suggests that further purposes for phenomenological research extend beyond the aim of advancing knowledge concerning the nature of human experience. He states that the outcomes of this type of study provide the essential meaning of the lived experience, the lived quality and significance, and thus, allow us to become more experienced ourselves.

The Study Design

The investigation focused on uncovering understanding and providing description of human experience; in this case of the experience of hope. The method of data collection consisted mainly of unstructured, in depth interviews with psychologists. Interviews were audio taped and then transcribed by the researcher. The researcher's field notes and journal provided additional sources of data. Data analysis followed from Colaizzi (1978). Common themes were identified from the data.

The methods adopted in the study remained faithful to the human experience as articulated by participants. Common themes were identified following from participants descriptions of their lived experience of hope.

Sample

Criteria for Selection

Criteria for selection of participants was based on Colaizzi's (1978) recommendations, specifically, that "experience with the investigated topic and articulateness suffice as criteria for selecting subjects" (p 58). The purpose and rationale for the study provide justification for this criterion.

Counselling psychologists are appropriate for the study for several reasons. In their work with clients and perhaps in their personal lives, they have had vicarious exposure to adversity. Further, these professionals have the scholarship and orientation that is required to systematically study hope. Psychologists are trained to focus on insight and awareness and to disclose.

Sampling Strategies

The process for identifying participants for the study involved requesting each participant to recommend another psychologist who possibly could provide information on the topic. The study was designed to incorporate this sampling strategy as recommended by Morse (1989) to achieve the purpose of the investigation. Requesting recommendations from participants who would likely know of other people who could provide information on the topic under study provided the names of valuable participants.

The psychologists were contacted by phone and provided with information on the study, verbal consent was obtained, and interview appointments scheduled. Six participants were interviewed in their offices, one in the home of the researcher for convenience.

In qualitative research, the sample size is based on analysis of data gathered during the study. Lincoln and Guba (1985) suggest that redundancy in the information gathered is a useful criterion for ending the data gathering part of the study. For the purpose of the study, interviews with seven psychologists were sufficient to achieve redundancy and saturation of major themes.

Sampling strategies aimed for maximum participant variation with respect to gender, type of counselling practice, theoretical perspective, and size of community of residence. Selection of participants was guided by the idea that diversity would provide information needed to investigate possible relationships amongst a number of variables and represent the diverse nature of the types of counselling work (e.g, treatment populations) that exists in the field of psychology. The sample consisted of seven participants, four males and three females. Participants worked in a number of areas including educational psychology, rehabilitation, health psychology, relationship therapy and family therapy. The various theoretical perspectives as documented by participants included cognitive, existential, integrated, and eclectic. The sample varied with respect to community of residence. Five participants interviewed worked in the city of Edmonton, one in a northern community, and one on an Indian reserve in another province. Given the nature of the professional community it is not possible to provide rich background description of the sample.

Data Collection

The primary type of data was written transcriptions of audio taped interviews. Other sources of data were documented demographic information, the researcher's field notes and the researcher's journal.

Written Transcriptions

The primary source of data collection was the in depth interview involving the participant and the researcher. The rationale for conducting interviews is that it approximates everyday discourse. Thus, participants are encouraged to freely recount their experiences.

Prior to the first interview, each psychologist was contacted by phone and dates set for interviews. Before audio taping the first interview, a description of the purpose and nature of the research (see Appendix C) was provided, a consent form (see Appendix D for a copy of this form) was signed and background information was collected (see Appendix E for a copy of this form). Each participant, with the exception of two, was interviewed twice for approximately sixty minutes usually within a period of one week.

Conversations began with the researcher asking the participants to talk about their work in the area of counselling psychology for the purpose of establishing rapport with the participant as well as gathering background information. The guiding question for the study was concerned with the personal experience of hope as the participant lived through it. Specifically, the guiding question for the study, was: Can you describe a personal experience of hope as you lived through it? Other questions emerged in the study such as the following: What is it like to hope? Describe the experience from the inside: the feelings, the mood, the emotions, how the body feels. Research questions focused on tapping the participants' lived experiences of the phenomenon as distinct from theoretical knowledge of it. Participants were encouraged to describe feelings, emotions, and physical sensations. Participants were also questioned regarding their philosophy of life. The researcher focused on the therapeutic process by providing simulation questions such as asking a participant to describe what might be happening in a session with a client when the focus was on hope.

Data obtained from participants was reviewed by the researcher and for some interviews, by the study supervisor; areas where further elaboration was needed were noted in preparation for the second interview. During the second interview the investigator reviewed with participants the content of the first interview and encouraged each to add or clarify information provided.

According to Patton (1990), "the fundamental principle of qualitative interviewing is to provide a framework within which respondents can express *their own* understandings in their own terms "(p. 290). Colaizzi (1978) suggested that researchers must be present in every imaginable way, including being aware of the participant's subtleties of speech and gestures. To achieve these objectives, and in keeping with the descriptive nature of the inquiry, the researcher used the critical skill of reflection when clarifying a response and encouraged participants to openly discuss the topic. The researcher provided very little input regarding what to say and listened in an interested, nonjudgmental, and responsive manner. Interviewing continued until the descriptions contained substantial enough descriptions of the phenomenon that understanding was clear and complete. In other words, until the point of saturation was achieved. The concept of saturation is clarified by Strauss and Corbin (1990) in the following manner: no new or relevant data emerged with respect to a theme; the theme development accounted for variations; the relationships between themes was well established.

Other Types of Data

Background information gathered and documented (see Appendix E) in the study consisted of theoretical perspective, type of practice, and size of community where the practice was located. The rationale for collecting this type of information was to explore the possibility of emerging patterns associated with any of this information (e.g., does a psychologist with an existential orientation describe the hope experience differently than one with a cognitive perspective?). Data gathered revealed that psychologists reflect on and describe the hope experience in a similar manner.

Another source of data was the investigator's field notes. The investigator's field notes consisted of data from systematic and rigorous observation and provide detailed description of the participants' activities, behaviors and interpersonal interactions (e.g, tone of voice, gestures, general tone of the interview), as well as analytic processes. The field notes were recorded on a worksheet (see Appendix F).

A final type of data collection, the research journal, was used throughout the study to document the researcher's general impressions and perceptions of the interview. Areas that could be explored in more depth during succeeding interviews were documented. Also, the researcher's reflections of personal biases that could potentially influence data collection or analysis were noted in the journal.

Data Analysis

The processes of data analysis sought to provide understanding of the phenomenon as revealed through descriptive techniques. Common themes emerging from the psychologists descriptions were identified. The qualitative research method was appropriate because of its focus on understanding and description. This is particularly significant in light of the limitations of available literature on the topic. To date, knowledge of hope is limited and existing conceptualizations are somewhat ambiguous and not uncommonly contradictory. Authors reporting on the phenomenon have not provided a clear, unbiased understanding of the lived experience of hope.

The Understanding-Descriptive Method

The process of the data analysis followed the procedures developed by Colaizzi (1978). Specifically, Colaizzi recommended the following procedural steps:

1. Read all of the participant's descriptions for the purpose of making sense of them.

2. Extract phrases or sentences from each transcript that directly pertain to the phenomenon being investigated. Repetitions can be eliminated if several protocols or transcriptions contain the same or nearly the same statements.

3. Spell out the meaning of each significant statement to discover and illuminate those meanings hidden in the various contexts of the investigated phenomena.

4. Organize the formulated meanings derived from all interviews into clusters of themes that are common to all of the participant's protocols. Refer back to the original data to validate the clusters of themes. This is achieved by asking if they contain themes which are "alien" (propose anything which isn't implied in the participant's descriptions) to the original transcripts and to note if discrepancies exist between the derived clusters.

5. Integrate results into an "exhaustive description" of the investigated topic.

6. Formulate the description in a definite statement which identifies the investigated phenomenon.

7. The final step is the validating step. This can be accomplished by returning to each participant to ensure that descriptions are accurate and complete.

The structure of this systematic procedure served as a guideline for developing procedures for data collection and analysis. In keeping with phenomenological nature of this study, emerging procedures remained faithful toward uncovering and describing, developing an understanding of the lived experience of hope. The researcher was flexible and the specific procedures for questioning and understanding the data emerged in the study.

The Process of Analysis

The procedural steps employed in the study are demonstrated in an example of descriptive data. In the first step of data analysis, the transcriptions of participants' descriptions were carefully read, so that the researcher could "acquire a feeling for them" (Colaizzi, 1978). It was noted that participants described openly and freely their experience of hope. Consistently, participants commented at the end of the interview that through reflection they had tapped a greater awareness of their experiences.

In the second step, phrases or sentences that directly pertained to the hope experience were isolated and highlighted. An attempt to use a computer program to assist with data analysis was found to be inappropriate. The program was designed to extract significant statements. This procedure interrupted the review of the sequence of aspects of experiences. Thus, the selective or highlighting approach (van Manen, 1990) was used; for example, one participant's comments, "I was coming from a place of feeling quite a lot of panic over what was going on [a sister's diagnosis of cancer]; what was going to happen here? And he [a respected physician] basically heard me" was highlighted.

In step three, the researcher reflected on significant statements from what participants said. The significant statements were written in the researcher's words to illuminate a deeper understanding of the phenomenon. The aim was to go beyond what was stated by participants to provide understanding of what is implied, the underlying significance. The participant's sentence cited above was delineated: "Uncertainty regarding the prognosis of a significant person's illness scared the participant and created a sensation of overwhelming anxiety. As she spoke to the physician she acquired a sense that a trusted professional understood what she was saying." Based on this information hope can be described in the following manner. To experience hope is not easy. She feared not knowing what would happen to her sister. Part of this comes from the fear that her sister might not recover and suffer mental and physical anguish. Another part comes from feeling that she has no control over the situation. Relief came in the form of an openness to professionals who could help and trust in one particular doctor.

In step four, recurrent themes emerging in the study were combined with relevant statements and then grouped into clusters of themes for each transcript. During analysis the researcher focused on the question, "What is essential to this person's experience of hope?". For example, recurrent themes such as "envisioning the future", "reacting and moving towards change", "perceiving control and choice", "perceiving trust", and "reflecting" emerged and illuminated understanding of the phenomenon. The themes that surfaced reflected the interactive quality implicit in the descriptions of the process of hope.

In step five, the results of the study so far were integrated into a description of the phenomenon. In step six, the descriptions of hope were formulated as statements. A validating step, seven, was achieved by returning to each participant and in an interview the researcher asked the participant how results compared with personal experiences. Dialogue with the thesis supervisor and another graduate student who had completed research on the topic provided feedback which assisted with interpretation of the data and further validated themes.

Clustering themes provided a framework for presenting the data. The clusters of themes provided different perspectives: the context of adversity; the process of maintaining hope in adversity; the relationship between the uniqueness of the person and hope; the interpersonal nature of hope; and psychotherapy and approaches to enabling hope. This step of the research process and the following steps, a description of results and descriptive identification of hope, are illustrated in the analysis of descriptions provided by one participant and discussed in the following section.

As Colaizzi (1978) points out, the method of analysis cannot be articulated separate from the results; it can be conveyed only by providing examples of it. Thus, when reporting results, in some of the category descriptions, verbatim excerpts of data is combined with analytic commentary to reveal how the analysis is firmly grounded in participants' realities and to illustrate how description and insights are linked.

Statements made by participants were about their hope experience described in a profound and heart-rending manner. The participants generally described their lived experience in cognitive statements about feelings, mood, and emotions rather than how the body felt, how things sounded, how they looked, or how anything smelled. The researcher concluded that, because a trust relationship had been established with participants and the researcher possessed the critical skills of interviewing, the reason for this relates to the way participants reflect on personal experience.

The results of the study were integrated into a general description of the topic (see Chapter V). A final validating step was achieved by comparing the available literature with the data and requesting input from reviewers. Findings from the study were related to perspectives existing in the relevant literature to confirm outcomes and facilitate further reflection. A final reviewer, a social worker provided support for the outcomes of the study. Dominant issues surfaced and are presented in the research report. Chapter VI provides support for the findings in discussing the final validating step of the phenomenological research procedures.

Reliability and Validity

This section discusses credibility issues that need to be addressed in a qualitative study, by addressing questions set forth by Patton (1990):

> 1. What techniques and methods were used to ensure the integrity, validity, and accuracy of the findings?
> 2. What does the researcher bring to the study in terms of qualifications, experience, and perspective?
> 3. What paradigm orientation and assumptions undergird the study? (p. 461)

1. What techniques and methods were used to ensure the integrity, validity, and accuracy of the findings?

Techniques for strengthening the validity and reliability have been suggested by researchers, for example, Brink (1989) and Miles and Huberman (1984), Lincoln and Guba (1985), concerned with sources of error in the qualitative research process. In the study, management of threats to validity and reliability included, but were not limited to the following strategies: (a) data, investigator, and theoretical triangulation (checking data with other sources and perspectives); (b) careful selection of sample; (c) checking for researcher effects by predicting possible sources of bias; (d) and follow-up interview sessions to verify that the content of literal transcriptions of the initial interview is correct and to clarify or expand information presented.

A number of the strategies are described to further clarify the procedures that were used for the purpose of the study. Data triangulation was achieved by comparing data from the interview with the fieldnotes and the background information: Theoretical triangulation was achieved by comparing outcomes to the relevant literature (see Appendix A). Investigator triangulation was achieved by having reviewers analyze the findings. Specifically, one researcher who has conducted qualitative research of hope reviewed the data analysis of the first interview. She confirmed the emerging themes and provided input regarding interview questions. A second researcher with expertise in the area of qualitative research, who has herself conducted years of counselling and held the position of head of a counselling department, also examined the data collected, the analysis, and the research report. Throughout the process she commented that participants' descriptions were similar to her own personal experiences of hope and that she could identify with many comments. A third reviewer, a social worker who works in the area of counselling, confirmed the outcomes of the study. His comments are presented in the research report (see Appendix B). The researcher's activities are documented in the research report for each phase of the study as outlined in the research plan (see Appendix F).

Eliminating all presuppositions from a researcher's approach is impossible (Colaizzi, 1978; van Manen, 1990). Thus, the researcher thoroughly scrutinizes, analyzes, and examines presuppositions throughout the study. Assumptions can function as beliefs, convictions, opinions, expectations or acceptance of things as true, conceptualizations of reality. Personal beliefs that could potentially bias the study, once identified can be bracketed or set aside. Presuppositions that are not acknowledged may inhibit the search for understanding. Specifically, bracketing is the process of uncovering and articulating the researcher's predispositions and biases by means of rigorous self-reflection and careful interrogation. In this way the researcher's frame of reference is clarified. Bracketing is an ongoing process. In determining personal beliefs, an attempt is made to differentiate assumptions from what participants are actually saying about their own experience. I have chosen to write the following section in the first person in order to speak more directly to the reader.

Bracketed Presuppositions

The process of uncovering my own inclinations and presuppositions, both personal and professional, began with the selection of the research topic. Observations from my years of professional experience in a psychology practice and study in the area of psychology indicate to me that positive aspects of psychological functioning in contrast to pathological, are related in some way to hope. Context and movement or change, in my view, combined with desired future outcome are aspects of the hope experience. I believe that hope can lead a person to view an experience differently, and this new perspective will influence the person in some way which is helpful to that individual. I worked with a client who struggled to deal with the trauma of sexual abuse. She commented during therapeutic sessions that hope was her "light at the end of the tunnel." Another client, who during many of her adolescent years worked to secure a foster home placement, stated during one session that she felt less stressed because she had given up hope. The client's diary revealed that simultaneously with giving up hope, she had thoughts of suicide. Many of my initial thoughts about hope were related to a parallel interest in finding out more about how to assist clients to deal with difficult issues. I consider the study of hope significant for understanding why some people sustain mental and physical health in spite of difficulties.

With respect to my counselling training, the focus was on behavioral, client-centered, cognitive, and existential approaches. As a psychologist, my view is that my role is to facilitate change, identify and clarify conflict and encourage personal growth. I believe that experience and competence in the use of technique is not enough. Philosophy is needed to deepen therapy. The phenomenological model of being and existential personality theory are of great importance to understanding the philosophic foundations of psychology practice. What every person feels and thinks about their life is different. To understand the client I believe that I must understand the world as the person construes it. I believe that people move toward the future with the need to construct the broad context, the purpose or meaning in life. The issue is to create meaning out of life by choosing an authentic stance in one's existence.

My philosophy of life is presented to provide context to some of the presuppositions that I bring to the study. I believe that I create my own reality and meaning in life. I have the choice and the control to accept and employ what I experience to shape my life.

In my view, our lives have purpose. I believe in being open to the beliefs of others and thus I must remain nonjudgmental. I trust in the basic goodness of people.

I have a history of extensive involvement with the Catholic church and hold strong religious beliefs. I believe that God is present in myself and others. At the same time, I believe that hope is significant to those who do not adhere to such beliefs.

With respect to my personal life experiences, hope as I live the experience is beneficial to my psychological well-being. This belief was the result of reflecting on past experiences, in particular a situation occurring at the beginning stages of the research. Following the completion of the research proposal, my father was diagnosed with cancer. I experienced hope at an intellectual, emotional and physical level. My own experiences provided support for the emerging themes in the study.

With respect to personal inclinations and predispositions regarding research value, I accept the idea that understanding the phenomenon under study qualifies as criterion for research knowledge. As well, I subscribe to Husserl's focus on "returning to the things themselves" as a method of understanding and describing a phenomenon. Further, I believe hope is a distinct phenomenon that can be recognized by therapeutic process. This thought-provoking topic led me to seek knowledge based on scientific investigation of the phenomenon and move beyond personal awareness.

2. What does the researcher bring to the study in terms of qualifications, experience, and perspective?

The researcher is knowledgable about the qualitative paradigm. Course work in the area, Educational Psychology 699, has been completed by the researcher. Course objectives were relevant to the study: (a) to understand the qualitative paradigm of research; (b) to survey qualitative approaches to research, from the point of view of methodology; and (c) to develop a teaching strategy that would encourage and assist practitioners to engage in field research. With assistance from Dr. Ronna Jevne and Mary Ann Bibby, a rigorous reading program was completed. The researcher assisted with the planning of a two-day workshop in Qualitative Research Methodology presented to the doctoral students of St. Stephen's College, as well as contributing to a handbook entitled, Qualitative Research for the Dedicated Novice.

In qualitative research, validity and reliability depend mainly on the skills and integrity of the researcher because the researcher is the instrument of data collection and central to data analysis.

Qualitative researchers strive accurately and thoroughly to represent the points of view of respondents. For this purpose, open-ended questions were used in the interview, observational data was factual and accurate. As intellectual rigor and professional integrity are critical to all aspects of the study, the researcher did go over and over the data to ensure that the data analysis reflects the nature of the phenomena as presented by participants.

Through experience and training in the area of counselling, the researcher has developed critical skills for qualitative research. For example, effective communication skills are essential to interviewing. The researcher let participants talk freely while listening for both the feelings and the content of what the person was saying. If the researcher did not understand what was meant, it was helpful to paraphrase what had been said and then allow the participant to clarify any misunderstandings.

In keeping with the phenomenological method, as mentioned the researcher did bracket or set aside, as far as is possible, beliefs, theories, judgments, meanings, and assumptions relative to the topic. Although it may be impossible to bracket all biases and assumptions, a substantial number of them were bracketed so that they do not interfere with data collection or analysis.

3. What paradigm orientation and assumptions undergird the study?

The researcher acknowledges the phenomenologically orientated view that places the understanding of conscious experience as its key concern and accepts that the principles impact the choice of research design. This view is supported by a number of prominent researchers dedicated to a more human-based approach to psychology (Colaizzi, 1978; Morse, 1989; Patton, 1990; Spinelli, 1989; Van Kaam, 1966; Van Manen, 1990).

Ethical Considerations

Ethical considerations and safeguards adhered to in the study assured the anonymity of participants. Anyone working with the data was bound to ensure confidentiality. Further, to maintain confidentiality, the researcher avoided using participants names. The researcher assigned the names that were connected with the descriptions. To assure that all ethical considerations were taken into account, the proposal was submitted to the Ethics Committee of the Educational Psychology Department.

Confidentiality safeguards were discussed with participants and any concerns addressed prior to tape-recording interviews. Participants were informed about the nature of the study and their involvement.

Informants knew why they were being interviewed, what was being studied, how information was collected, and what may be done with it.

Participants were asked to sign a consent form explaining the protection of their rights of anonymity, confidentiality, and the option to withdraw from the study at any time (see Appendix B).

Anyone working directly with the data was requested to sign an Oath of Confidentiality (see Appendix E).

Delimitations/Limitations

The study was delimited in the following ways. The sample was restricted to only practising counselling psychologists. The primary source of data collection was restricted to interviewing.

Given the psychological sophistication of psychologists the participants are reporting a "not-unlettered" experience. They have by virtue of their training and work a natural inclination to reflection concurrently to reporting.

Summary

This chapter describes the phenomenological approach to this study. The procedures allow for systematic analysis of the data that reveals understanding and description of the experience of hope. Reliability and validity issues, ethical considerations, as well as delimitations and limitations were discussed. In the following chapter, identified themes of hope are presented to provide description and understanding of the phenomenon.

CHAPTER IV

DESCRIPTION OF EMERGING THEMES

Overview

Following the procedure outlined by Colaizzi (1978), a description of the phenomenon of hope emerged in the study. Themes emerged from psychologists' accounts of their experiences of hope and deepened the researcher's understanding of hope. Three clusters of themes - one describing the context of hope and the second describing the process of maintaining hope within that context of adversity encompassed numerous themes. Experiencing negative feelings and decision making point constituted the context of hope. The process of maintaining hope included five themes: envisioning the future, responding and moving towards change, perceiving control and choice, perceiving trust, and reflecting.

The process of hope as dynamic is the third cluster of themes. The dynamic characteristics include: uniqueness of the person and hope, interpersonal nature of hope, interpersonal nature of hope, and therapeutic value and approaches to enabling hope. An overview of the emerging themes is included within this chapter (see Figure 1).

Overview

Contexts

- Consequences: Experiencing Negative Feelings
- Decision Making Point

Process of Maintaining Hope in Adversity

- Envisioning the Future
  - Confronting the Difficult Situation
  - Renewing Confidence and Motivation
  - Renewing and Revising Personal Beliefs
- Responding and Moving Towards Change
  - Hope Leads to Action
  - Physical Aspects of the Hope Experience
- Perceing Control and Choice
- Perceiving Trust
- Reflecting
  - The Significance of World View
  - The Role of Spiritual Beliefs

Dynamic Nature of Hope

- The Relationship Between the Uniqueness of the Individual and Hope
  - View of Self and Inner Resources
    - Flexibility/Ability to Readjust
    - Confidence/Optomism
    - Perseverance
    - Courage
  - The Development of Self
- Interpersonal Nature of Hope
  - Characteristics of Helpful Relationships
  - Illustrations of Relationships That Are Not Helpful
  - How Hope is Communicated
- Therapeutic Value and Approaches to Enabling Hope
  - Preconditions for Therapy
  - Therapeutic Relationship
  - Process of Change
  - Theory of Therapeutic Content and Theory of Personality

Figure 1: An overview of emerging themes

Theme Cluster 1: Contexts

This section has been subdivided into two separate sections. Within the first section, scenarios of the conditions of adversity and a synopsis of the hope (or lack thereof) experienced by participants in the study are described with primary emphasis on consequences. The next section highlights the decision making point.

Participantants repetitely chose contexts of adversity from which to describe hope. Although the psychologists focused on adversity and specific situations of crisis, most of the participants speculated that hope is basic to life and further, that aspects of hopes are only brought to awareness through reflection. Andy states:

> Going through this [participating in the study] has impressed upon me, realizing, that not deliberately all the time, but indirectly I've got a sense that I use it [hope]. . .and it's important in my work more than I realize.

According to Cathy:

> Hope is a given in my life. . . .You can't live without hope. . . .It is a way of being. . . everything about your existence. . . .It's [hope] not at a conscious level. In the face of adversity or in the face of some particular crisis then you have to bring that out the conscious level and function on the basis of that hope.

In Doris' view:

> If we're alive and we're human beings we rely on some sense of hope. . . .There's something that is unconscious. . . . I'm not sure that I would have

> thought about hope unless I was put in a position with an illness.

Further, Ernest states:

> It's underneath all the time because if one didn't feel that you could not influence the outcome of an even that could go bad. . . .but it isn't a very conscious thing.

Frank presents this same idea:

> Hope isn't necessary for life but it is necessary to survive adversity well. . . .Hope is built through surviving misfortunes.

According to Gary:

> I don't consciously, actively think about hope all the time but it seems to come though in the end in more difficult situations which seems to suggest that, at least for me, it's part of me and in that sense probably has a pre-conscious aspect to it. It's so easily evoked but only in certain select situations.

Barb stated:

> One thinks of hope as being life sustaining, an attitude. . . .high expectations for the future.

Consequences: Experiencing Negative Feelings

Within the context of adversity, a person feels threatened. We habitually react to the perceived or anticipated threats. When we feel threatened, we experience tension and fear deeply rooted in uncertainty of the outcome of a difficult situation. Fear escalates doubts about adequacy and personal control, frustration, self-pity, anger, denial. We may feel panic and that our "sanity" is threatened. Loss of energy and the increase of fear may result in emotional and physical exhaustion.

When we feel threatened, hope directs our energies towards ways of dealing with the situation. We may create an image of the desired outcome. For Andy, stress and negative feelings occurred while studying for exams during a difficult academic program. Excessive tension occurred at this time and he felt as if he had to do something to maintain his "sanity". Imagining a positive and peaceful future enabled him to maintain hope throughout the period of uncertainty.

> It was a way of basically trying to keep my sanity. It would be one that in periods of high pressure, of high stress, it was just prior to exam time. . . .I would use imagery to have a sense of where I would be at the end of this . . . . helped me to cope with that pressure.

It was the illness of two others, a friend and a cousin, which was significant in the life of Cathy and was revealed as the basis of extreme stress: even in the telling she struggled with tears as her emotions surfaced. Her difficulties were compounded by the lack of encouragement from the medical staff and the bleak prognosis for her friend.

> The certainty of that [her friend's recovery] seemed to fade very quickly and it wasn't a certainty anymore, and then you entered into the realm of hope.

Anger intervened, and inspired her to hope again.

> It was one of those times when I allowed myself self-pity. I thought, what am I going to do without her? And I think that what emerged out of that is anger and I used it. I used it as a way to get out of this immobility.

Cathy's acceptance of her cousin's choice to discontinue treatment changed her expectations and behavior. As he "chose a different path" she became less forced in her optimism.

> And for me to have gone over there with my hopeful, cheerful self, to say don't believe the statics or whatever would have been totally inappropriate because he had already made the decision that he was choosing a different path.

A feeling of helplessness, an inadequacy to provide sufficient support, and uncertainty for the future of a mother and sister threatened by cancer served to undermine the normally controlled and predictable life-style of Doris. As her own work entailed group counselling with cancer patients, her distress was elevated through her intimate and ongoing knowledge of the possible course of this illness and the accompanying pain and suffering.

> I was coming from a place of feeling quite a lot of panic over what was going on, what was going to happen here. . . . And I guess in listening to women in the groups it's like it's never cured.

Again, hope arose from this panic in conversations with the doctor (a specialist of her choice) and she was able to renew her hope in the future.

Within another context, Doris described difficulty obtaining funding for a clinic aimed at providing support for patients she serves.

> I always had a sense that if I was meant to work in a certain place there would be money that would

> come. . . . And it came through and now I've just finished writing up the proposal for next year.

Consistent with other participants, Ernest presented the idea that hope is a critical aspect of adversity. Apprehension and fear of a future limited by physical disabilities characterized the stress and adversity described by Ernest. Medical treatment seemed uncertain, and catastrophic in its proportions. He feared the pain and limitations. For Ernest, the plane accident was serious enough that initially he felt unable to predict the outcome or nature of physical problems.

> I wasn't too sure how serious the injuries were, what the outcome would be or anything of that nature.

His reactions in the hospital to the situation was one of pervasive uneasiness and fear.

> So my first thought was a sense of not being sure just how bad that really was and it hurt a lot . . . .What scared me the most in the end was when they finally said they were going to sew the jaw and I was quite surprised that it didn't hurt at all, the jaw.

The actions of nurses preparing him for surgery was based on the anticipation that he might not be able to communicate verbally following surgery and that he might choke during the operation. Unspoken factors led to the uncertainty, fear, and anticipation of negative outcomes.

> So that was scary because you weren't too sure of what was going to happen. . .that was sort of the

> scariest part and that's when I did a lot of hoping that it was going to turn out better. So my first thought was a sense of not being sure just how bad that really was and it hurt a lot. And I couldn't move around because that hurt a lot. And so the doctors, of course, never tell you the extent of the damage, so you're not quite too sure. . . .So that was scary because you weren't too sure of what was going to happen.

Being constantly on the verge of giving up in a life-time of situations has caused much pain for Frank. He vacillates between inevitable failure and high risk challenges; his justification for imposing this on those around him is, "Dying isn't the issue, it's how you live." His pattern of living invited truly stressful predicaments, at times self-imposed (e.g., getting into a car with an impaired driver) and at others, situations beyond his control. At age 18, he was living on his own, "using drugs fairly heavily" and felt that nothing could "pull me out of a major depression." Suicide was a possibility as a solution to his dilemma, but the impact of a statement made by his mother that he "would be dead for a lot longer than [he] would be alive" gave him reason to pause.

But his hope transcends the fear of every day life:

> I'm not going to live my life in fear. And that to me is what hope is about, when you decide things are as worse as they can possibly get, the
>
> hell with it. . . .Hope isn't necessary for life but it is necessary to survive adversity well.

Again, fear for his father's recovery from unpredicted complications following surgery and a perception of not having control in everyday situations was stressful for Gary. Additionally, apprehension regarding his father's medical condition caused feelings of inadequacy on his part.

> My dad went in for back surgery. Given his age of 70 and going into the hospital for surgery, there was probably a higher risk. . . .He actually went through the surgery fairly well but there were complications in terms of recovery. He was in the hospital longer than we expected and while in the hospital, seemed to deteriorate. He ended up having a small aneurism, which as it turned out, wasn't a major thing but at the time, gave a scare to everybody. The issue of hope related to that for me. Essentially it was situation that was personal. The person was important to me, however, it was totally beyond my control . . . and someone else has more power to affect the outcome.

This concern with having no control over the outcome in a situation and concern with being responsible for the outcome underlay his fear of what would happen to his beloved cats after he placed them in an animal shelter.

The Decision Making Point

In order to protect ourself from fear and pain one may withdraw emotionally, intellectually or physically. Losing hope is associated with a desire to quit, to give-in. In giving up, the individual may lose the desire to live. Based on his personal experiences,

Frank concludes:

> The opposite of hope is the waiting to die. It's the awareness of everything I just said and instead of seeing this as a message that you should get up and live, you can just sit there and wait for other shoe to drop, the axe to fall, or wait for the inevitable to happen. Why should I try and do anything? I'm just going to wait here to die.

Within the context of adversity, anticipation of future threat can leave a person feeling mentally and physically exhausted. A life-threatening illness presented overwhelming hardship for Barb. During a knee operation several months before the interview, she experienced major health problems accompanied with physical and emotional suffering. As a result, she was forced to struggle for her life.

> I couldn't have gotten much lower than when I went through the whole death procedure and being on the edge that long was very exhausting, very tiring. I'm still tired from it. But that's not hopelessness. It's not. I'm not saying that from depression. I'm saying that because it was a difficult experience and now I'm going to have to go through it again. Because I have to die some day. Dying twice is tough, it's tough dying once.

In its extreme, the feeling of inadequacy and helplessness that increases with frustration may result in blocking the experience of hope. From this negative perspective, the risk, the possibility of incurring extreme hardship, may cause an individual to quit, to lose hope, even to the point of taking one's life to end the pain and reduce the feelings of discomfort, futility, and defeat. Following the crisis, Barb stated that she had lost hope. The struggle for her life left her with emotional emptiness, a feeling experienced as having no ability to act and no control during her crisis.

> I think I'll die now, and nothing happens. It's very frustrating to find out that you haven't control of even that. . . .One of the reasons I have difficulty talking about the topic of hope is because I don't have any more. . . .I really don't care anymore.

Cathy talked about her cousin quitting, giving-in to his struggle with cancer.

> And one day I went to visit him [her cousin] and it [hope] wasn't there anymore. He decided the battle was over.

She recalled her own experience of giving up, having "no hope". Anger and anxiety were associated with the fear of a devastating expectation and the need to control to reduce uncertainty.

> There was one day when I went to visit her [her friend] and I felt nothing but total despair . . . .Had I actually given-up? I think part of me had. . . .First of all, I sensed that there might not be any hope for her recovery. Secondly, I was totally lost in terms of what to do about this.

Summary

Faced with adversity, a person feels threatened. Within the context of adversity, the lived-experience of hope involves dealing with the extreme distress. When we feel threatened, we experience tension and fear deeply rooted in the misery of not knowing the outcome. Habitual patterns of responses to standing on the threshold of hope and the abandonment of hope are diverse: feelings of inadequacy and loss of personal control, frustration, self-pity, anger, denial, loss of physical and mental strength as well as suicidal ideation. Giving-up, quitting, rather than risking when facing anxiety and fear, results in giving up hope.

Theme Cluster 2: The Process of Maintaining Hope in Adversity

Introduction

Adversity brings extreme fear and anxiety into one's life. The dynamic nature of hope is reflected in the psychologists' descriptions of responding and maintaining hope in adversity as the process of dealing with negative, uncomfortable feelings. Though the origins of hope remain elusive, the dynamics of hope become evident within the context of dealing with adversity. In crisis, hope is critical to dealing with threats, to overcoming fear and despair, to becoming motivated and energized to act to affect change. Thus, the process of hope will be presented within the framework of maintaining hope in adversity.

The process of hope can described within the framework of five themes: (1) envisioning the future; (2) responding and moving towards change; (3) perceiving control and choice; (4) perceiving trust; and (5) reflecting. Although the components are presented sequentially, this does not imply movement from one component to another. Rather, the components are interactive and allow for interplay between elements. The following is a discussion of these five dimensions.

Envisioning the Future

Most acute distress about hardship is felt in the period of assessment and recognition of the nature of our problems. Negative feelings are overcome as the perception of the difficult situation is reevaluated. There is a renewed sense of hope regarding the future in the manner of renewing personal beliefs and envisioning desired outcomes.

In this section the theme envisioning the future is presented in discussion of the following characteristics: (1) confronting the difficult situation; (2) renewing confidence and motivation; and (3) renewing and revising personal beliefs.

Confronting the Difficult Situation

Confronting problems can help to reduce anxiety. Even recognition that the process is not working may be a beginning step. Simply not recognizing hope may signify a new reality. Andy states:

> They [clients] focus on unpleasant circumstances and a sense of what they don't want to happen and no sense of future.

Attempts to view all situations positively, to positively image the future enables one to hope. Frank experienced both a confidence of positive outcomes and a focus on recognizing even small gains.

> I can't imagine any situation being so bad that it can't be improved, that improvement isn't possible and even a small improvement to me is enough to justify trying.

Repressing fears can make us deny wishes or desires. When we confront our problems, expectations become more clear and expressed. This is what happened to the participants in the study. Expectations were central to consideration of the future of Doris: survival and freedom from the suffering associated with illness were most critical.

> The hope would be that she will, that she will get better, that she will live a long life. That she

> won't go through, I guess, some of the agonies of being ill.

Rather than envision a specific future, we may reframe circumstances and change expectations to accommodate difficulties and grasp a constantly changing reality.

When envisioning desired outcomes, Cathy focused on her friend not succumbing to the illness, as well as on the quality of life for her cousin as he prepared for death. Respect for another person's decisions to envision the revised future was emphasized:

> He changed and began to hope for different things. He didn't hope for continued life in terms of quantity of life. He hoped for a different quality of life. And so you had to go and hope with him on that path.

A sense of the possible is a significant factor. The descriptions imply that whatever is hoped for is perceived to be within the range of possibility. To hope, then, a person believes that what is hoped for can be obtained, in clinical practice for Andy, the "possibility of change".

Even unrealistic hopes can be beneficial and sustaining. Frank shares his observations of clients dealing with adversity.

> That's still something for them to strive for, and frankly I feel that from their perspective that's positive because it gives them the motivation and energy to keep going.

Denying what is realistic, "scientific", accepting unrealistic hopes presents a dilemma. There may be a pull between what is rational and what is irrational. For Doris,

> The rational line somehow gets pushed aside. I think the rational line, in part, was giving me some facts but a part of my mind didn't want to believe that, so push the facts and give me hope . . . .So it would be a fight, a real fight between the two.

Deciding when or if to hope for specific outcomes is important. Cathy smiled as she stated that entering into "the realm of hope" was a "denial phase".

What is hoped for is within the range of possibility and the expectations altered when appropriate. Barb emphasized this point:

> It's [hope] a hindrance because people who are ill very often don't acknowledge their illness. . . .I know a kid who, I'm sure it was his first real "reality-break". . . .He was hoping to function normally. . . .He throws away his pills and says "you're a normal kid now". . . .That's very destructive.

Perceptions of unmet expectations are associated with disappointment and the anxiety of being unable to control some aspect of our lives and eliminate uncertainty. Our expectations of how things should be can establish a perception that leads readily to discouragement, frustration and anger, and a sense of failure or defeat. Dealing with limitations and handling mistakes appears to be the critical factor. Andy shared his observations of clients dealing with difficulties.

> Hope to me has been a hindrance when it's been associated with fantasy, with illusions. . . .He [client] would go ahead and try out some of these things [attempts to get his needs for caring and recognition met] and become devastated when they didn't help and hope needs to be changed. . . it needs to be reality-tested.

The uncertainty of the situation may shift, so may the expectations. Rather than envisioning a specific future, others may reframe circumstances to accommodate difficulties and to grasp a constantly changing reality. Gary states,

> When things haven't gone as I had hoped for the first time, I generally, don't think of them as failures. . . .I think that is part of what I need to do, part of the process.

Renewing Confidence and Motivation

By envisioning desired future outcomes, we react to difficult situations with varying degrees of confidence and motivation. Feeling confident enables us to conquer anxiety and fears. We reduce the anxiety of not being able to control aspects of the situation.

We may feel convinced that our fears and insecurities are valid. Changing them requires effort. Hope can be observed, as in the example of clients with severe injuries or suffering from progressive disease, getting rid of frightening thoughts. Ernest stressed aspects of personal control and courage to envision positive outcomes.

> And a lot of these patients have hopes that they can at least control, improve their current situation enough that they can do something positive or at least something more positive with their life. . . .There's always hope that the therapies will plateau them a little bit longer, or allow them to continue with their life a little bit longer, or that there will be a cure down the road.

Our reactions in adversity are often derived from the ways our needs were satisfied in the past. Past life experiences dealing with adversity influenced the participants' reactions to other difficult situations characterized by uncertainty. Memories of past successes lead to anticipation of other positive future outcomes.

Andy recalled:

> I would use imagery to have a sense of where I would be at the end of this.

This technique flows from his own reality to his professional work: he focuses on "what has worked for them in the past."

Renewing and Revising Personal Beliefs

Beliefs contribute to our perception of the way things are and the way they ought to be. Remaining with familiar viewpoints provides comfort and predictability. Changing beliefs can be threatening.

Frank's anticipation of relief in a personal experience at age 18 occurred in the midst of an uncertain and frustrating struggle to find purpose and meaning in his life. Previous life experiences had been characterized by conflict and failure. In the struggle to find meaning in the midst of failure, the participant found courage and experienced hope, expressed, though not focused, toward any specific object but rather in the movement of life itself, the belief that things would get better.

Frank noted that hope is associated with taking risks and moving forward in life with some "dynamism", some spirit, some commitment towards direction.

> It wasn't so much fatalist. . . .It's like transcending the fear. . . .I had an existence beyond the pain.

Though Cathy felt overwhelmed at times while supporting her friend, she was also relieved at having her friend exceeding the expectations of the medical staff, since negative opinions could be ignored. Although the likelihood of her friend not recovering lingered as an ever-present fear in her mind, the participant was determined to think and act positively and create her own reality.

According to Cathy, followed by shock and uncertainty, she entered into the "realm of hope." In her words, she denied and rejected the facts that indicated that the prognosis was poor for her friend's recovery. Instead, she "believed in a different possibility." She planned for the future and the things that they would do together on the basis of faith in her beliefs.

> But you know when you've left all certainty and probability aside and you go against the odds, that's when you enter into the realm of hope.

The self-fulfilling aspect of the hope experience provides predictability. In Cathy's view, envisioning the future creates a reality.

> What you visualize will become your reality.

This was so critical in coping with her friend's severe medical problems that she stated:

> By giving up on hope would we have in fact created the reality that they were predicting and maybe by not giving up the hope have we created a new reality.

Hope can be covered by anxiety. From a more positive perspective, Gary was able to access personal views and habitual responses to adversity.

> While hope can be there it is so crowded out, so confused by the anxiety of not knowing. . . .I can kind of put it into a perspective, then, my basic beliefs or attitudes kind of take over and fuel my hope.

When imagining a vision of her sister's future, Doris' apprehension accompanied her hope. She felt deep, continuing anxiety about the lack of certainty that her sister would not experience future health. To lessen her feelings of uncertainty engendered by the nature of cancer, Doris created the belief that things would turn out for the better.

The uncertainty of the adversity may continue and with it, so may the individual's ability to access inner strengths and maintain hope. How faith relates to expectations is illustrated in the comments of Cathy.

> Since you can't believe in it statistically you have to believe in it as an act of faith. And I know what it is, it's faith in oneself. . . .It was also faith in my friend.

In contrast, Barb indicated that she did not envision long-term future outcomes. In her words,

> I'm not future-orientated. Not that I want to die. I don't like the idea of having to do it [die] again.

What distinguishes the experiences of a person with hope and a person without hope is apparent in her description. Of all the participants, Barb's experiences during the weeks she spent on the ICU ward appear to have been the most distressing. In the process of struggling for her life, the participant experienced empty feelings as her view of self was shaken by her experiences. For this participant, the future was envisioned only on a daily basis, perhaps out of fear and apprehension related to the uncertainty of a more long-term future.

> I take the next day of my life every day, and the next, and the next, because it's good, not because there's anything at the end.

She stated, "what I'm doing today seems important", whereas when she reflected to the past when she experienced hope she stated "I was more long-term planning."

Responding and Moving Towards Change

Our tendency of moving towards change in adversity is characterized by overcoming fear and anxiety, risking the uncertainty of the outcome. Although hope involves individual visions of the future, the difference lies in the expectations, not in the process. Hope enables us to envision the future as we would want the future to be, a vision of reality in which desired outcomes are fulfilled. Hope opens the way for the difficult situations to unfold in the direction of fulfilling possibilities.

Similar to the characteristics of the theme "envisioning the future", the theme "responding and moving towards change" can be described within subthemes. This section discusses the theme "responding and moving towards change", with emphasis on hope leading to action and physical aspects of the hope experience.

Hope Leads to Action

People act consistent with their beliefs. Collectively participants describe a movement beyond difficulties to act on their convictions. Descriptions reveal that the person experiencing hope and grasping a new reality actively works towards goals and does not passively permit situations to become overwhelming. Ernest describes this factor as "making optimism".

We may try to act in a situation which initially resulted in immobility. For Ernest, planning and action elicit positive feelings that reinforces decisions.

> It's a sense of being planful; that something needs to be done. So you've got to figure out what you have to do now and do it. . . . That's, I guess, felt good.

Andy put it this way:

> A sense of progress, of moving towards goals, of getting what I need or what I want in life.

Sometimes the "going forward" is minimal. Another solution to maintaining hope in adversity may be generated through non-action, but it still incorporates the underlying "hoping" that "something will happen". After being frightened while driving in the car with a person who was intoxicated and driving in a dangerous manner, Frank experienced calm as he realized that the best thing for him to do was to do nothing so that he would not antagonize the driver.

> Hope leads me to purposeful action, not to be frightened or desperate, but to be calm. . . . It's like when you're perched on the edge of a

> rock. . .At some point you have to touch some primal sense of hope that gives you the calmness to try this thing which is to lean on the rock.

Or again:

> That hope is sometimes just being able to get out of bed in the morning. And that struck a deep chord for me, because I couldn't get out of bed and when I felt hope I could get out of bed. It was a sense that I could face the day.

Cathy's life was centred around visiting her friend during her hospitalization, reading to her and talking to her. She remembered feeling energized during the weeks she provided care. Again, the energy to act was associated with hope.

> It became a given in my daily functioning and I went on the basis of that. I got up every morning and I believed, not just hoped that, but believed that, yes, that person had lived out the night and that yes, it was logical for me to plan my day in terms of spending my lunch hour break with her.

When we are influenced to act contrary to personal beliefs, we will change beliefs so as to fit our actions more consistently. At one time, for one hour, Cathy was without hope, and felt "that a sense of despair is immobilizing." This translated to an all-pervading emptiness that interfered with her ability to sense meaning in activities. Although she went on with her usual tasks (she read to her friend), she saw that her actions were "just to fill the void". Frustration was experienced as a sense of losing control over her expectations. Her tendency to move beyond these feelings was characterized by reacting with renewed trust in her convictions. Once her hope re-surfaced, she resumed activities directed at providing care for her friend.

> And that became my perpetuating emotion. You know, my impetus to get going again given the conviction that I was not ready to give up hope.

The power of hope itself, whether imparted externally or centred internally, affects the motivation to act. Sometimes the effort to spark hope must come from an outside resource: one participant who experienced a coma reported recognizing this with gratitude. Being read to or having music played affected Barb's life.

> When I was out of my body [in the near-death experience] it was like being a sail boat, sailing around, and when I would hear the music I knew it was time to moor down for the night. It was a signal for me to rest. . . .I could get into the music without it expending any energy.

Tiring from her efforts, Barb decided that she wanted to give up the struggle. This participant shared her feelings related to living without hope,

> You don't have to make anything happen. You don't have to act on anything.

Physical Aspects of the Hope Experience

The tendency of moving forward in adversity is experienced physically. Participants indicated that hope may have a physiological representation. Ernest put it this way.

> Physiologically you respond. You know, your adrenalin flows. . . .You sort of have to kick in and do something.

According to Cathy:

> I think that hope is incredibly sustaining, physiologically as well as emotionally. A sense of hope obviously releases adrenalin into your body otherwise there's no way we could have kept the hours we kept, work full-time and still spend hours out of every day at the hospital. . . .if you have hope it's almost as though nothing matters.

Doris states:

> Throughout the body there are peptides that have been shown to be operating when certain emotions are felt. . . .The science of mind/body is looking at positive emotions, hope being one of them.

Perceiving Control and Choice

This section describes a third theme, perceiving control and choice, within the process of maintaining hope in adversity. When we believe that we can freely chose to react in a particular manner we are more willing to act on our beliefs. Behavioral and emotional issues arise in our tendency to want to achieve personal control. A sense of empowerment, of being able to control a situation or one's reaction to it, is paramount in experiencing hope. As we control or moderate our impulses, we maintain some level of comfort and security. In controlling our reactions we achieve a sense that we can deal with pain or shield ourselves from it.

Controlling emotions, attitudes or views was an aspect of control expressed by participants. Doris put it this way:

> I'm terrified, are you terrified too? And again, just that expression [of feeling] is taking control, because controlling your emotions in a situation is an aspect of control.

According to Frank,

> I have some responsibility in terms of my attitude and how I'm going to approach the situation. Maybe not what I can affect but I have control over how I feel about it.

Ernest states:

> Something that you do have control of is the way you look at something. And you can make a decision to look at things in a negative and black kind of way. That's only going to hurt you in the long run. . . .Changing your view of things and that in turn will change a lot of what goes on around you. In many cases it's not going to cure the disease or give you back a leg that you have lost but it will give you back a life.

Following the plane accident, Ernest was focused on the awareness that work is endless. Through compromise he exercised control over his work schedule and made time for personal interests.

Gary focused on that "hope seems to creep into my psychic" in situations where he does not have much control over affecting the outcome.

> The person was important to me, however it was totally beyond my control. . . . For me, control relates to my sense of being effective, if, as a result of feeling effective I can sort of peer into the future and see what likely is going to happen. . . .It's a control over my own reactions, my own perceptions, my own sense of what is going on.

For most participants, the hope experience entailed maintaining a sense of control and accepting the limitations of that control with an acceptance of reliance on another. Of the situations presented, most dealt with the distress incurred in connection with physical illness and hospitalization. In each of these cases, control and the power to choose appeared to have been transferred to others (e.g., the medical team).

Doris observes for those clients with serious disease a sense of loss of control.

> Their body all of a sudden has betrayed them in some way. They wonder if they can have any control. There's a cell in their body that's gone wild. That feels out of control. Their life almost becomes just one medical appointment after another or one wait for hours in the corridor after another. Their life revolves around people making decisions.

Negative experiences may accompany reliance on others. Cathy noted:

> The medical staff were not supportive. They were always saying, "don't get your hopes up, don't be too hopeful." Because based on their predication there was no reason to hope for recovery.

Doris expressed this same idea.

> I've talked to patients that have been critical of medical staff because they did not allow them to hope. They said, "this is the prognosis, this is what's going to happen and that's it." And how could you go on if you didn't have something to hang on to. Even if it is just a sense of having some measure of control on a day-to-day basis, instead of taking everything away.

Barb explained the lack of support from medical staff in the following manner.

> The medical doctors were certainly not making it sound hopeless, but they didn't want to offer false-hope.

The key factor in hope slipping away from Barb in the Intensive Care Unit was the perception of lack of control over living or dying.

> Hope also implies I think again that I have control. . . .I decided that it was too tiring, just get it over with, and it wasn't under my control. . . .It's very frustrating to find out that you haven't control of even that. When you're on the edge, it's not your choice, and it made me realize that it never is.

Reactions to loss of control are highly individualistic. The loss of control for Cathy was followed by self-pity and immobility. The frustration prompted her to become angry.

> I used the anger to perpetuate motion in some direction.

She described her conviction that she was not ready to give up hope,

> If you (her friend) are not going to give me something to hope for then I take over here.

Risk was a factor for Barb. Slipping into unconsciousness was frightening because of the ultimate loss of control.

> The more control you have the more you can risk, the more you can risk hoping. Hope is a risking thing.

Death was a blessing, a welcome escape. She experienced great pain in the past and dreads the thought of having to endure the suffering again.

Control may be related to cultural values. According to Cathy,

> If there's one thing that we do want as human beings, we want control. Both as a culture and as a society we all want to know that we have some control of our lives. And to a certain extent that we have some impact on other lives as well. And at that point there was absolutely nothing I could do. Which even to talk about is very hard [crying].

Efforts by individuals to achieve some sense of control and choice in a situation are balanced with trust. These include endeavours to trust oneself as well as others.

Perceiving Trust

In this section a fourth theme within the process of maintaining hope in adversity is discussed. Closely enmeshed with the element of control is the element of trust in the hope experience. Not all fears can be minimized. To lessen our feelings of fear and vulnerability we strive to trust. In this process, we must accept that certain aspects of the situation are not within our control. Attempts to protect oneself from pain and minimize the impact of the desire to achieve control are balanced with a greater acceptance of the limitations inherent in the situation and trust in oneself and others.

Within the context of adversity, the process of hope may be affected by our sense of trust, which may range from trust in oneself (including one's body as was the case for the Barb) and trust in others. This trust extends itself in different ways: its lack is evidenced in the anger displayed during an interview with Barb - anger at legs, muscles for failing. As observed by the researcher, even breathing was difficult at times. Barb shared that she had lost trust in her body.

When Cathy found herself questioning her hope for her friend's recovery, trust enabled her to hope. She described faith as an aspect of the dimension of trust.

> There is a basis for hope that continues despite the adversity. . . .Since you can't believe in it statistically you have to believe in it as an act of faith. . . faith in oneself. And it's also founded in the trust because it's not only faith in oneself. . . .Without trust there is no hope.

Attempts to maintain hope in adversity can be based on trust and a greater acceptance of personal limitations within a situation. This trusting provides support and confidence and an acceptance that control rests with others. According to Gary,

> This was a situation where you were really trusting the person you handed them (cats) over to, that what they say will happen would actually happen.

As pointed out by Gary, a sense of trust, that life has meaning, and that resources exist to deal with hardships is general to personal beliefs:

> A trust in life, the process of living. Maybe there's a higher power that is instrumental . . . .It's a trust that somehow, maybe, there's a meaning to all of what happens to us. A trust that you will have the resources to deal with whatever is put before you.

Reflecting

Hope becomes a reality rooted ultimately in reflecting and the meaning attributed to the experience. In struggling with difficulties encountered, one source of gratification is the developing sense of significance or meaning in the experience. The tendency to repeat patterns of response are often derived from the comfort and security of what worked in the past. This cycle of attributing meaning and having that meaning reinforced contributes to the association of the relationship of the experience to individual identity. The meaning becomes manifest in reflection of the experience.

The perception of the experience, within a given situation, is highly individualistic. This perception can be influenced by numerous factors, which will be discussed under the significance of world view and the role of spiritual beliefs.

The Significance of World View

We come to view the situation differently, reevaluate other aspects of our life, and renew beliefs and personal philosophies. According to Ernest,

> Any time I felt a reversal in my life I might get frustrated but I wouldn't get depressed about it because I saw it aiming in the natural order of things. Things were fine and in the fullness of time things could come out.

The impact of the near fatal plane crash raised questions of balance in Ernest's life style, of personal priorities, of friendships to be evaluated. He saw himself re-evaluating former beliefs and restructuring his life around them.

Individuals with cancer provide an example of how one attributes meaning to the experience. In her work with clients, Doris observed that clients who hope are coping with difficult situations in a way that expands their world view. Doris observed in her clients a shift in focus in their lives.

> If there's anything I've gained from this illness it's that there is so much and I will take the time to do such and such. I will enjoy my garden, enjoy going for walk with the dog, and those are all things that I enjoy doing, sitting having lunch somewhere.

Doris's personal views forms the basis of how she maintains hope in adversity in her own life as well as how she designs therapeutic interventions and teaches students.

> I was talking to my class one day and I said "You die a little in many things that happen but we don't think about that." There's certain times that we died a little death or whatever, a dying inside for a moment. I guess those are the moments, in terms of giving hope or looking to hope.

For Barb, recovery from life-threatening illness involved trying to find meaning in the experience,

> I've been reformulating my ideas based on my experience. . . .Searching for ways to be able to affect it [loss of hope], hope enhance my experience.

Further,

> I don't feel poor for having had the experience. I, emotionally, I feel enriched. I feel enlightened. But I do have to recast a lot of my thinking.

Barb's acknowledgment that death is "inevitable" required a consideration of previously held views and beliefs.

> Death is just another form or reality and in many ways, possibly richer, more full and with some understandings. It is a physical world that isn't a great loss particularly, if you're not real comfortable and I'm not anymore.

The Role of Spiritual Beliefs

Our experience of hope must be viewed with consideration of not only the mind and body, but the spirit as well. The willingness to be open to new possibilities and the risk of vulnerability can manifest as accessing spiritual beliefs.

Spirituality has been defined by Socken and Carson (1987) as "basic faith that positively affirms life . . . .spirituality can be considered a conscious or unconscious belief that relates the individual to the world and gives meaning and definition to existence" (p. 603). Affirmation of life can be perceived in relationship to a Superior Being, self, community and environment.

The meaning attributed to the hope experience was tied to spiritual beliefs for Doris.

> I'm not a really religious person in the sense of going to church on a regular basis. But maybe it's a trust that somehow there's a meaning to all of what happens to us.

As Doris told about her crisis, she emphasized how deeply motivated she was to access desired medical help for her sister. She tenaciously clung to her belief that things would "work out for the better" and trusted in the power of a Being. She noted that her spiritual faith (in God or a "Higher Being") provided a sense of meaning for hardship that transcended human interpretations and fostered her hope. Although Doris suggested that she was not religious, she indicated that she believed in the power of prayer. She indicated that she trusted in life and a "higher power that is instrumental." She described her trust in the role of the higher power as "moving the pieces in a way that it would be okay."

One's spiritual beliefs may assist in the process of hope by enabling the individual to accept that some things are not within one's control but that a positive outcome is possible. After the "scare" of his father's deteriorating physical condition, Gary worried about the medical situation, but believed in fate in a religious sense. The lack of control was experienced with the belief in the competence of medical staff to affect the outcome of the troublesome situation. The participant described the progressive steps involved in dealing with adversity.

> I think that how I felt throughout that part ranged from a sort of a sense of lack of feelings to kind of sense of things narrowing in, all the way to a sense of resolution in a sense that if my dad was going to recover it was sort of almost pre-determined.

The awareness or insight relieved anxiety. As with other participants, the idea of a pre-determined outcome that was not in Gary's control, and that religious connotation was reassuring. These beliefs were associated with an acceptance that some things are not in our control, that we may not understand why certain things happen, and confidence that "things will turn out for the better" connected to "almost a religious overtone."

A belief in a "higher power" is helpful but not critical to the process of hope. In Ernest's view,

> For other people. . .hope seems to be more of a spiritual thing, which it isn't for me. . . . I've never been religious. I guess I'm agnostic, sort of, so I don't believe that there's some higher power that can make things work out for you.

Summary

Themes evolved in the study which describe the experience of hope. The process of maintaining hope in adversity involves a number of interactive components. One dimension of hope is envisioning a significant future outcome. Hope is experienced in moving beyond present crisis, overcoming feelings of fear and anxiety, to imagining a future in which difficulties have been resolved. Individuals experiencing hope are motivated and energized to act and, furthermore, transform hardships into a meaningful experience. In the hope experience, movement from feeling "paralysed" to activity enables individuals to balance a sense of trust and control in a situation where they have to accept personal limitations and rely on others. With a developing sense of significance or meaning in the experience the individual comes to view life differently with deeper insights and awareness.

This chapter has been subdivided into three separate sections, contexts, the process of maintaining hope in adversity, and dynamic nature of hope. The next section will highlight the dynamic nature of hope.

Theme Cluster 3: Dynamic Nature of Hope

Introduction

The dynamics of hope are reflected within the psychologists descriptions of the relationship between the uniqueness of the individual and hope, and the interpersonal nature of hope. Thus the dynamic nature of hope will be discussed within the framework of these themes. Therapeutic value and approaches to enabling hope are included within this section.

The Uniqueness of the Individual and Hope

In the final analysis, hope lies within the person. Individuals facing adversity experience emotional distress, anxiety, and fear related to threat and uncertainty. Despite stressors, most participants are able to cling stubbornly to hope. It is not only survival in crises, but the pursuit of life that inspires the courage to hope. Each hope experience exemplifies some of the unique ways in which people maintain hope in adversity.

The relationship between the uniqueness of the individual and hope can be described as view of self and inner resources, and the development of self. View of self and awareness of inner resources focuses on flexibility/ability to readjust, confidence/optimism, perseverance, and courage.

When contrasted to other phenomena, Frank stated that it is more "connected" and "part of yourself." And further,

> [Hope is] to the core of who I am. . . .I feel a greater sense of identity to it [hope].

View of Self and Inner Resources

The study reveals that in the experience of hope one's behavior and the view or perception individuals have of themselves (self-concept) are intimately intertwined. Certain personality theories place a heavy emphasis upon the fact that each individual is unique while others maintain that individuals cannot be compared in terms of common variables. The study assumes the position that each individual is unique and that there are distinctive qualities that distinguish individuals.

Flexibility/Ability to Readjust

The view of oneself, an acknowledgement of one's inner resources forms the basis for hope. Cathy shared her personal views.

> I do think that I'm a very healthy person, I suppose that's because I have that ability to be flexible, or to readjust, and I've just said, that is based on the ability to hope.

Ernest reflected on his view of his own personality structure. Again, he sees himself as flexible, able to take risks, and accepting of outcomes of his actions, the absence of defensiveness.

> My tendency has always been to go with whatever happens, you know, keep my fingers crossed and see how things turn out. . . .You know, if it hadn't worked out that way then you would have tried to do something else.

Confidence/Optimism

Inner resources fuel the person's hope; different degrees of confidence and optimism determine the presence of hope in any given situation. According to Andy:

> Hope is being very optimistic about life . . . to maintain a sense of hope influences my view.

Confidence in one's own abilities results in increased self-esteem. Lack of hope has devastating effects on the personality structure as described by Cathy.

> She [a student] lacks so much confidence so she comes to mind. Because she doesn't even dare to hope that she has the right answer. . . .I think that self-esteem is really important.

Again, by Ernest.

> The opposite of hope. . .lack of I guess I'd call it self-confidence or self-esteem. . . . A sense that you have enough power in your life in some fashion that you can make decisions. . .whether good or bad you can make them and then you will. That's crucial. And then there are those aspects of you that when something goes wrong that it isn't you personally.

Confidence extends to others, even when individuals lack hope in their own life. Beliefs about others influence hope as well by enabling the individual to believe that positive outcomes are possible and that resources will be available. Doris stated:

> I believe in the goodness of people. . . that there will be the resources there.

According to Andy,

> People are capable of change.

Barb expressed the same idea.

> I use hope to build confidence. . . .So that when I say that I'm going to design a program (educational program) for them (students) that's going to work on their problems and they believe it. They have to believe it.

Perseverance

Perseverance is significant, as expressed by Cathy "I just get stubborn." Tenacity is balanced by Cathy with "ability to be flexible or to readjust. . .that is based on the ability to hope." Again, perseverance was important for Barb's children, "They must have played that [classical music] a billion times."

Perseverance was important for Doris when she was trying to obtain the services of a trusted physician:

> [I] had difficulty getting past the secretary . . . . I called again and said "could he call me back by the weekend?" I didn't hear from him and called back Friday and said, "Well I'll give him my home phone number" and she [the secretary] said "I don't know if he'll be able to return your call."

Courage

Courage is an important aspect of hope related to enabling the individual to deal with "fear", being "terrified", or "scared" in a particular situation. According to Ernest,

> I think that many of them [patients] also know or recognize that the overall progression might be one of getting worse. So what you have, I think, is a combination of courage, also, there's some hope that the therapies will plateau them a little.

Further, Frank stated:

> Hope and courage are very similar. Not bravery. Bravery is like having no fear. You can be brave and be a fool. Courage to me like an awareness of danger, of all the risks and going forward anyway.

For the person who, like Barb is without hope, courage may seem meaningless.

> I don't know if I really know what courage is anymore.

The Development of Self

Childhood experiences may influence our ability to hope. Our past experiences of perceived failures add to our fear of emotional pain and feelings of self-doubt. Feelings of inadequacy and powerlessness interfere with our ability to overcome the fear and anxiety in adversity. From positive experiences, the individual is motivated to try and deal with adversity. When the individual perceives that previous challenges were successfully overcome, then a process of change is set in motion. Doris expressed this idea in the following manner:

> It goes back to your child rearing, the things that have happened to you, your way of looking at the world. You know, if you've had your hopes dashed a lot, to the point that, you know, been slapped down many times, that may have a real bearing on how hopeful you are.

According to Cathy,

> I'm a person who has been allowed throughout life to experience a sense of powerfulness. . .I can make an impact.

Interpersonal Nature of Hope

Another theme readily identifiable is an interpersonal component in the hope experience. Interpersonal relationships, as defined in this study, are characterized by contact between two people, communication, and the assumption that the contact will continue over a period of time (Rogers, 1961). Participants perceived themselves, or were perceived by others, to be in need of personal help. The data provides an understanding of different considerations of relationships as they relate to hope: characteristics of helpful relationships, illustrations of relationships that are not helpful, and how hope is communicated.

The major stimulus to relationships that can provide personal help may be how individuals perceive themselves. Ernest described it as "the chicken and the egg" issue.

> My experience is that pessimistic people don't really have a lot of friends. They don't have very good relationships. Often, it seems when they have a good opportunity to have a good relationship they almost go out of their way to blow it, to drive that person away because that just feeds their pessimism.

In the context of illness, a crisis is shared in a caring relationship. The relationship with her sister was so important for Doris, that in her own lived experience of hope, in sharing that experience, just being there had a positive impact that counteracted helpless feelings.

> It's like a sense of lightening the heart, instead of a heavy heart. And there's been lots of times through this process when I've had a really heavy heart. . .there's the feeling that there's really nothing I can do to help this feeling, there's nothing I can really do except be a person that's there. . . .Sometimes maybe it just takes someone that you trust being there.

Put another way by Doris;

> The hope would be just being there in the relationship and that someone is being there with them. And that, the power of connection that comes in a relationship could give that person hope that someone cared and that someone was there to listen to their heart, whatever their heart had to say.

Sharing a distressing experience with another person may be all that is needed to help. Andy observes that some clients:

> Simply want to talk about what's going on in their lives.

Characteristics of Helpful Relationships

Within the context of adversity, the individual's awareness of sincere friendships may further develop. Ernest noted that friends provided support which was positive and energizing.

> Some people were on the edges of your life, who you thought didn't care, who then showed a lot of caring. . . .It makes you feel good, gives you energy and again, makes you feel more positive.

Reading and playing music, associated with Barb's description of her family's hope, was so critical to the participant that she felt she would "have succumbed from exhaustion" without it.

In fact, hope can influence others who are unknown to the person. Barb describes how the actions of others, her children, acting on their hope for a loved one's recovery were appreciated by other patients.

> And of course everyone in ICU had to listen to it [classical music], it's an open area and afterwards I had people come up to me and say, "you know I never liked classical music before but I really liked that".

Commencing with her friend's life-threatening illness Cathy found the motivation to care in spite of the fact that her friend provided no physical or verbal reward. In other words, she carried on as if they had a relationship. During subsequent weeks, Cathy believed that her reading and talking were effecting improvement in her friend's health. Her anger at one point reflected a loss of hope which was replaced by a calming emotional state as she was able to hope again.

Especially meaningful to these friends, Cathy and Barb, are the experiences of "celebrating" shared hardships. They enjoy conversations together in which they share recollections and, in a heart-felt symbolic way, plan to write an article sharing their memories with others.

No matter how much caring they provide, participants realize they are required to forfeit some control to the medical staff until the significant other person's condition has improved. Their accounts present a picture of stress and lack of emotional support.

Illustrations of Relationships that are not Helpful

Although grateful to medical professionals for their expertise and skills which enabled her friend to survive, Cathy was angry with what she perceived as a lack of empathy. Cathy stated that she experienced hope in spite of feedback from professionals that a positive outcome, her friend's recovery, was impossible. Cathy felt frustrated when physicians told her and the patient's family that there was no reason to hope for recovery. She recalled with anger that her own desire to help her friend was not reinforced by feedback from medical staff; this seemed to convey a message to the participant that efforts to care for her friend would not be productive.

Although fulfilling its purpose as a facility for promoting survival of high risk individuals, the ICU also became an environment of distress to Barb. She had to contend with negative feedback from physicians and nurses.

Another participant presented a somewhat mixed picture of her interactions with physicians. Ensuring that a significant other person received necessary medical intervention proved stressful for Doris. She felt emotionally strengthened after a surgeon she trusted to be an expert contacted her. The interactions with the surgeon were invaluable. She appreciated his sensitivity to her anxiety and his commitment to see her sister and to perform the necessary operation. She found this contact an invaluable source of reassurance "that there will be the resources there." It was the surgeon's willingness to help that enabled her to believe that her sister would survive the cancer.

On the other hand, Doris presented a dilemma faced in her counselling work. Drawing on her years of work with people struggling with cancer, the participant stated that some patients' perceptions of lack of support from physicians are well founded. She noted that physicians may not be aware that the "power" in their words does not offer hope. She described the frustration associated with this situation in this way,

> How can you take everything away from that person? How can you say you've only got two or three months? How would you go on if you didn't have any feeling that there was something you could do? That there was hope that, however insignificant it may seem to someone else.

It is in these situations that the patient may feel confused, "caught" between the messages of psychologists and feedback from physicians. This situation has complications for both the patient and the psychologist. Psychologists act first to encourage patients and support their hope. When no positive feedback is received from physicians there may be difficulty maintaining the positive attitude necessary. Doris suggests that some patients, particularly those who are most vulnerable, have difficulty maintaining a positive attitude; as a psychologist, she must work to help them overcome such negative feedback.

How Hope is Communicated

Hope can be communicated in nonverbal ways. Cathy stated that the person may not be aware, at a conscious level, how hope is perceived by others. Her conclusion, "the sense of hope or of despair that we emanate from ourselves is perceptible", was based on observations of her friend responding differently to different caregivers. In Barb's words, she was "very differential in her (the patient) responsiveness depending on who her caregiver or visitor was." She was more responsive to certain medical staff. She noted that hope is "contagious"; the medical staff started to alter their interactions, partly because of this recognized hope. Hope, to this participant, is "an incredibly sustaining thing."

> That feeling of spiritual connectedness, I think that's very real. . . .I think we sense a lot about other people that we don't process at a conscious level.

Another participant presented this same idea. Non-verbal cues that indicate the experience of hope in another person included facial expressions, eye contact, and attentiveness. In his work, the participant offers encouragement that the clients' situation will improve. According to Gary, these verbal and non-verbal cues are interpreted by the person as an indication that "you've made a connection."

Sensitivity and vulnerability associated with particular difficulties may heighten one's awareness of hope in others according to Doris.

> What is communicated in voice, in posture, expression on the face gives a whole lot of

> information. I guess a physician may say something but through his words, his manner communicates something entirely different. And I think that, too, patients can pick up very easily what you may not be saying and so that also communicates hope. I think that so many things come in to play that our senses are heightened.

This idea is supported by a statement by Barb, associated with her near-death experience "I feel as though I have heightened sensitivity."

The important point is that anyone that is important to the person is in a position to influence hope. The helpfulness may be actively doing something, providing encouragement or simply, just being there to share a difficult experience.

Therapeutic Value and Approaches to Enabling Hope

Hope is associated with improvement in therapeutic treatment, for Cathy it's "the highest predictable variable" of progress in therapy and for Andy it's a "key for me in my work." The data provides an understanding of each of the aspects of therapy as they relate to hope: precondition for therapy, therapeutic relationship, process of change, and theory of therapeutic content and theory of personality.

Preconditions for Therapy

Therapists enable hope in clients by paying special attention to them. Improvements may be due to the increase in morale and esteem that people experience from having another person, a competent professional, support them. Andy states,

> They simply want to talk about what's going on in their lives and that by talking, by that verbalizing they start solving their own problems.

Therapists are sensitive to the individual needs of each client. Anonymity may be important. Barb ensures that clients feel comfortable by choosing a private place to meet.

> A lot of people don't want to see me when I'm at the school. . . .Adults feel much more comfortable in the band office.

Therapeutic progress cannot be reduced to only special attention by a professional. The effectiveness of therapy includes such variables as the therapeutic relationship and processes designed to produce change.

Therapeutic Relationship

A good relationship between therapist and client is one of the preconditions necessary for enabling hope in therapy. The therapeutic relationship is the basis of the processes and content that must occur in therapy. According to Gary, trust characterizes the positive therapeutic relationship.

> Reduces to some element of trust me, this may work. . . . The role of the therapist is a factor. People know where they want to go. . . .My first job is not to get in the way of that and my second job is to facilitate that. . . .Things can be different and not only different but different in a positive way.

The therapist must relate to the client with empathy based on an accurate conceptualization of the situation. Honesty is critical, as indicated by Andy.

> I'll work with a couple and I don't get any sense of hope with respect to the relationship and then I'll make it very clear to them that this is what I'm seeing.

Cathy expressed the same idea.

> Sending parents away with false expectations is just different and certainly the ramifications of that are so far reaching in terms of the disillusionment that it can create.

According to Barb,

> I use hope to build confidence that I'm going to give them accurate feed back so that when I say that I'm going to design a program for them that's going to work on their problems, they believe it.

Doris expressed it this way:

> If someone has come in and they're going for a test or something I will try and phone. . . .A phone call is just a phone call to us, but to the person at the other end it shows caring.

Process of Change

The process of change in therapy is based on enabling clients to hope according to Gary, "hope that what I am suggesting to them, if they were to follow through on it will make their situation better".

And again by Cathy,

> We were talking, for example, about marriage counselling and I suppose that one of the assumptions that we make is that they wouldn't come to counselling if there was not hope. However minimal that amount of hope may be, then it's our job to sustain that hope and reinforce it.

One aspect of therapy is that the therapist give special attention to the perceptions clients have of themselves. Psychologists focus on assisting clients to develop self-confidence as well as changing thought processes to alter unhealthy perceptions. Barb described it this way:

> You want them [students] to experience success [academically]. . . .To hear that they're failing has more to do with self-esteem than anything.

According to Cathy, she gives:

> More positive statements than negative statements, a focus on what people can do as opposed to what they can't do. . . .More smiling and a lot more of the approach physical behaviours as opposed to the distancing, physical behaviours.

Frank stated:

> Therapy is grounded on trying to build bridges over the pains. You can't fill them so you have to build bridges over them. You go from one source of strength to another. And that's what I look for, sources of strength, things that they're capable of doing. . . .Try to get people to be as judgmental with themselves as they would with others. I say "if you met yourself on the street could you be friends with that person? Really think about what you have to offer."

Reframing is an effective strategy according to Frank,

> When things haven't gone as I had hoped for the first time I generally don't frame that as failures. . . .I think that is part of what I need to do, part of the process.

In his work with clients, Frank uses the following framework:

> You are only responsible for so much within that framework. Teachers feel that sense of release that they're not failures, they stop trying to cure this child. They're not responsible for

having this child cured.

Courage is an important aspect of therapeutic work that enables hope and is related to choice and control.

> They're [a married couple in conflict] just tormenting each other. . . .I look for ways I can give them courage, ways in which I know they can do the things they can do.

Increasing the information available to clients so they can make the most effective responses to the circumstances impinging on them is one of the processes of change. When the information given in therapy demonstrates that reactions are normal and to be expected the experience is normalized for the client.

According to Andy,

> To help them normalize their experience and to help them understand what is happening to them . . . .very key for me in my work is that these people gain some sense that it's not that they're written off. It's not that they're crazy.

Cathy puts it this way:

> It's okay to have those feelings and also that there's a communality that everyone has those feelings and that they weren't that unique. That it wasn't something strange about what they were feeling.

Barb stated,

> If you can ease their mind about their situation. Tell them they're not going crazy. . . .To tell them it's not unusual for fourteen-year-olds and for their mothers to not be getting along. It makes them feel better.

Awareness of such information leads to a change in the client's reactions. Such information carries the potential for changing personal messages and producing emotional, behavioral, and cognitive changes.

Andy shares the following idea with his clients:

> This doesn't mean that this is part of my character - my personality. This means that this is part of what I am experiencing.

Gary uses the following technique:

> I might spend a fair bit of time going over details, specifics [of strategies for dealing with issues] in a very concrete way. . . .Then I suppose I've engaged them in hopeful practices.

The information provided in therapy is likely to produce as strong an affective reaction as a cognitive reaction. According to Ernest,

> He [a client involved in a car accident] sees himself as trapped and he can't see that it's only for a few months. What's a few months in a life time. But he doesn't look at it that way. He just looks at in a narrow, "self way". So for him, I see him digging himself in very deep right now, being very hopeless, pessimistic. What I see my job as being is trying to turn him around a little bit.

Accepting a condition assists the client to focus needed energy. Andy states:

> If they can accept that whatever is going on is happening, then it often frees them up to go ahead and start making changes. Part of their energy is focused on not wanting something to happen.

The role of control and choice is a fundamental change process in producing therapeutic progress. At an experiential level, the number of responses available can drastically increase when the client becomes more conscious of alternatives that were previously not considered. According to Andy,

> To have a sense of control, a sense that there's something that I can do. It's very much a sense of having control, a sense of direction, a sense of having an impact on circumstances.

Barb tells her clients:

> This is what you can do, x, y, or z. You've got these options, helping them to clarify the problem.

According to Frank,

> They [clients] have no faith in their ability to invent or substitute. Particulary those who have been abused in their life. They think "How can I be happy? I was sexually abused? How can I be happy my parents beat me." So they feel totally captured and locked in the past. . . .I see the future is changeable.

Andy uses the following technique:

> A focus in terms of what works. . . .What has worked for them in the past.

Presenting alternatives to clients may involve focusing on past successes according to Andy,

> Imagery work around when they have done good.

Barb stated:

> Show the children what they're good at.

The ability to choose is a function of the individual's ability to accept the anxiety inherent in taking responsibility for consequences of new alternatives for living. Frank states:

> The future is grim, like a sword hanging over their head, it's just going to be more of the same. So for them life is like a roller coaster, you can see the dips coming but you can't do anything about it. That's how they see it, life

> is like a roller coaster and they can't do anything about it. And they don't even feel responsibility about it in terms of their attitude.

Responsibility has to be balanced with accurate perceptions of control and choice. Frank said:

> Feeling that you're responsible for something and having no control, then it's a horrible place to be. If you don't have that sense of responsibility then big deal. And sometimes you have to realize that, hey, you're not responsible for this. The fact that I don't have control doesn't matter then if I'm not going to be held to blame.

Frank has observed that clients may need their choice validated.

> I just gave her permission to let the kid go and reminded her of when she taught her kids to ride.

Participation in support groups enables hope. Doris suggests that patients experience a "sense of hope" associated with journal writing. Examining themes in the journal accounts helps clients to realize past challenges successfully dealt with.

> Looking for little symbols or signs of positives, things to hope for in life and to kind of hang on to those. . . .See hope in the future by recounting things in their past, challenges that they've dealt with.

Hope underlies the therapy work of Frank, "every day, every client I see." His philosophy of therapy is that it "is grounded in trying to build bridges over the pains." Within the therapeutic relationship, this participant seeks professional sources of strength and focuses on the client's abilities.

Gary reflects on the unconscious aspects of personality structure. For clients facing difficult issues, even life-threatening illness, hope is present and "doesn't seem too far from the surface." He associates these perceptions with the high value of interactions with clients.

> Hope is not far from the surface and it's a case of making connection with them at their level and nurturing that.

Gary views hope as a motivational force.

> Hope being experienced as a strong emotion, like all other emotions. . .are motivational forces.

Participation in support groups provides emotional support that enables hope in a number of ways. Seeing others who have survived difficulties inspires hope. Doris describes one patient who had lost her hair during cancer treatment, but had hope renewed through her interaction with a fellow group member who had recognized her "crop of beautiful hair." Another benefit for patients is the sense that their experiences are normal and natural, given the circumstances. Finally, patients participating in groups benefit from the sense of belonging, of not being abandoned, not being alone that results from group participation. According to Doris, research supports the benefits of group counselling, members of counselling "groups seem to have a longer length of survival than women who didn't participate."

Theory of Therapeutic Content and Theory of Personality

Psychologists' theories of personality have predetermined concepts that influence treatment procedures aimed at enabling hope. The content that is to be changed in any particular therapy is largely based on that psychologist's theory of personality. Theories of therapeutic content may not contain theories of personality such as behavioral therapies, while others such as client-centered theories are based on a theory of personality.

Psychologists in the study indicated that personal problems are a result of conflicts within the individual and conflicts between persons. Consistently, participants indicated that the freedom to choose is seen as a universal human condition. Choice and responsibility are included in an awareness of the consequences of particular alternatives as well as perceptions of the value of those choices. Most importantly, there are means by which individuals can change their experience or response without changing the consequences themselves. A balanced view of human functioning is presented which includes dimensions of inner control and the very real limits of the client's environment. Andy explained,

> People have a sense of being able to go in the direction they need to and that's always been a good a part of my life and that, to me, ties in with hope. . . .People are capable of change, capable of movement. . . .I continue to hold and demonstrate hope and change, and that change is possible.

This point was further expanded by Andy with reference to Carl Rogers' client-centered approach.

> Given the right circumstances, the right conditions, people will naturally gravitate towards a more healthy state. . . .Hope is, there again, we strive towards being healthy but sometimes the things we do get in the way.

Similarly, Gary stated,

> I believe that everyone is headed toward growth but some of us run out of time. . . .It's moving towards being more honest, more authentic. . . .There is movement and that movement of becoming more yourself, more integrated, self-actualization, that's they key.

Barb presented the idea that our clients have many conflicts and our job is to direct them to how they can best create a more fulfilling life.

> I've found that the best thing is under the dirt and archaeologists look for the stuff under the dirt. The same thing with psychologists. They dig around in the dirt and pretty soon you find the nuggets.

Barb put it another way:

> It's not how far you fall only how high you bounce.

Summary

Themes emerging in the study describe the dynamic nature of hope. Hope is a recognition at one and the same time of vulnerabilities and inner resources to deal with diffiuclties. Hope may grow out of childhood experiences. The interconnectedness of relationships is a component of the hope process. That individuals persevere in dealing with adversity despite the distress they experience, can be attributed in part to relationships. Helpful relationships are characterized by caring, empathy, sharing, commitment, sincerity, trust, and support. As a result of close relationships, individuals may have a tremendous emotional investment in helping a significant other person to live and to survive illness. Participants face constant worry with respect to the prognosis, the possible consequences of life-threatening illness and the fear of losing a loved one.

For those participants who received support from medical staff, their medical condition, coupled with the agony of being uninformed combined to be overwhelming; they saw themselves struggling for control over their bodies and over the medical care. Participants indicated that they were at the mercy of the medical professionals on whose judgment they had to rely for decisions. Feedback received was at times discouraging, in one case, that her survival unlikely.

Psychologists provide assistance in therapy that is both emotional and practical in nature. The priority given to the utilization of specific strategies focused on enabling hope demonstrates the therapeutic value of hope. Hope is considered a precondition for therapy and a factor in the therapeutic relationship. Hope is associated with the integration of processes of change that balances dimensions of inner and outer control, as well as self-induced and externally induced changes. These dimensions enable individuals to accept their limits and potential for inner change while recognizing the limits that external conditions and personal weaknesses can place on change. Further, hope assists clients to deal with interpersonal and intrapersonal conflicts, and move beyond conflict to personal growth.

CHAPTER V

DISCUSSION AND IMPLICATIONS

Introduction

The purpose of the study was to identify descriptively the lived experience of hope. Outcomes of the study suggested that the phenomenon of hope is complex. Based on the results of the study, hope can be best understood within a context that deals with adversity. The participants in this study represented a wide range of difficult experiences. In spite of the diversity of the difficult situations, a number of common themes emerged from the data. These themes were grouped into clusters of themes. This chapter will discuss the three themes: (1) contexts, (2) the process of maintaining hope in adversity, and (3) dynamic nature of hope. A discussion of the three clusters of themes will provide a background for the summary statements which follow.

Contexts

The results of this study suggest that hope is a basic human attribute or tendency that is best understood within contexts of hope. Based on the findings of this study individuals consistently experience negative feelings and a decision making point when they choose to hope or to let hope slip away in difficult situations.

Psychological and physical well-being are profoundly affected by the tendency for people not to give-up hope in adversity. Mitchell (1974) concurs with findings of this study when he indicates "Man is a creature who hopes" (p.136). Mitchell described hope as the tendency for individuals to move beyond resigning themselves to reflexively interpret a future that holds greater promise than the present. According to Mitchell, hope motivates action as people tend to "gear" themselves for the aspiration of things becoming better in the future. This seems to be based on the person's basic resistance either genetically determined or learned through experience to giving-up in spite of feelings and circumstances that challenge hope.

In discussion of contexts which may be associated with uncertainty, Dufault and Martocchio (1985) suggested that stress, crisis, and loss can provide opportunities to experience hope. As indicated in this study, individuals who resign themselves in extremely difficult situations to a future in which positive outcomes are not possible may let go of hope. They may act consistent with their beliefs.

The Process of Maintaining Hope In Adversity

To explore the experience of hope in depth, psychologists reflected on their own experiences of dealing with difficulties, and maintaining - or losing - hope. Descriptions suggested that the experience of maintaining hope in adversity is dynamic and interactive in nature. Psychologists experienced hope as a process, a confident movement forward, a process claimed by several other researchers (Dufault, 1981; Menninger, 1959; Nekolaichuck, 1990; Progoff, 1985).

Outcomes of the study highlighted examples of feelings, thoughts and behaviors associated with the hope experience. Negative feelings such as shock, tension, anxiety, and fear accompanied uncertainty, as participants sought to understand and influence critical aspects of difficult situations. As individuals envisioned the future they shifted between different states, dependent on the crucial events over which they could assert little or no control in their striving to induce change. As Progoff (1985) suggested that back and forth movement between hope and anxiety comprises the basis for the goals and activities by which the meaning of life unfolds.

Mainly, participants' stress reactions were relatively short-lived and intense, and covered a wide range of emotion, from immobility to panic. Characterised by envisioning future outcomes, participants transcended difficulties, were motivated to change aspects of difficult situations, and found meaning in adverse situations. Individuals' choice became their reality and thus, created a revised context and attributed meaning to the situation.

The data in the study indicates that the basic assumptions we have towards life underlie our experience of hope. What we believe determines much of what we think and do: the way we respond, the way we think of ourselves, the way we view the world in general and spiritual beliefs. Our experiences of hope cause us to envision a future in which expectations are achieved, and renew and revise former beliefs consistent with those experiences.

The data in the study is consistent with generalizations made by Kiesler (1977). According to Kiesler, people act consistently with their beliefs and further, "behavior has an effect and impact on our attitudes and beliefs far beyond specific action" (p. 336). Perceived freedom is an important concept in his view. When the act is significant to us and we feel free to act we are more committed to a behavior.

Dynamic Nature of Hope

The dynamic nature of hope can be described within three themes, that is, the relationship between the uniqueness of the individual and hope, the interpersonal nature of hope, and therapeutic value and approaches to enabling hope.

Based on the study, each individual is the source of the cognitive and emotional factors that enable one to hope and to act on that hope. Results of the study reveal certain characteristics specific to the person who experiences hope: determination, courage, perseverance, ego strength, capacity to trust, and a sense of control balanced with the ability to accept control from others. Hope, as described in the study, arises from personal meanings and a philosophy of life that trusts the potential for difficulties to be resolved in a positive way.

Barb, the participant who reported having no hope provided awareness and insights into the phenomenon. Reflection on the reasons why, within the context of adversity, the participant lost hope is consistent with the findings of a number of researchers. Extreme physical and emotional discomfort was associated with Barb's terrifying experience of a near-death illness. Perley, Winget and Placci (1971) concluded that hope (verbal expressions of optimism) and discomfort (pain and psychological distress) are polarized motivating forces. Miller (1989) reported on patient-identified aspects of illness that can pose threats to hope such as physical problems accumulating over a short period of time, experiencing uncontrolled pain and discomfort, acceptance that one's condition will not improve, having repeated intrusive medical procedures.

Interpersonal conflicts were overwhelming for Barb. Confronted with extreme suffering the participant's defenses were insufficient. She was unable to envision a future beyond the day. Anxiety, rooted in fear, likely accompanied the awareness that, in her words, "life is terminal."

Loss of hope also may have been connected to the awareness that she was helpless against the factors that controlled her situation. Some of these factors, such as medical professionals and physical disabilities, set limits on what she had control over and she was left without having any choice even over whether she lived or died. The desire to control may be in part related to the participant's need for the security that comes from being in command of things.

Trust, even in her own body, was lost in the crisis. The participant was not able to transcend the limiting nature of her physical condition and trust her body. As Gratton (1982) suggests, hope involves the element of "letting go." Trust enables each person to openly accept and respond to reality, transcend frustration and fear, and move towards a flexible and creative acceptance of what was perceived as an impossible situation.

As described in this study, attributing meaning to the experience and even life itself underlies the experience of hope. Barb was not able to move beyond the conflict to create meaning out of her experience and her life. When asked to reflect on her philosophy of life, the participant indicated that she did not have one. May (1977) suggested that anxiety accompanies the threat of physical death as well as the threat of loss of personal psychological and spiritual meanings identified with one's existence. Perhaps, for the participant in the context of the adversity, former beliefs and values no longer held the significance they did before the hardship occurred. The comment that she was looking for ways to "hope-enhance" her experience indicated that she wanted to experience hope and break through the sense of meaninglessness.

Thus, obstacles to a life with hope arise from adversity. As indicated in the present research, adversity can have many negative aspects, such as the projection of ultimate non-existence, that can become overwhelming for the individual. Hope is embedded in oneself. Hope is a process that is characterized by envisioning, reacting and movement towards change, control, trusting, and attributing meaning to experience embedded in a larger world of meaning must transcend anxiety and threats to the secure self.

Beliefs, renewed and perhaps revised, emerge as important dimensions in the experience of hope. Through the experience of hope we come to view ourselves more positively and in a more meaningful way experience our being in the world. As well as formulating a personal philosophy, participants understood the importance of relationships with others in their struggles to maintain hope in adversity. Hope can be enhanced in interpersonal relationships. Simply being there for another person denotes caring, even in subtle and non-verbal ways.

One area related to the significance of relationships is the role of the psychologist-client relationship. In their counselling practice, psychologists' awareness of hope in their own lives influences therapeutic practice. As a result of personal hope experiences they have developed specific strategies for dealing with difficulties. These tools often form the basis for recommendations to clients. As well, psychologists are models for others who are unsure of how to maintain hope in adversity.

Summary: A Phenomenological Description of Hope

Outcomes of the study revealed that the lived experience of hope is characterized by the tendency to move away from resignation with the aspiration of a future in which expectations will be fulfilled. As described in this study, our view of ourselves and awareness of inner resources as well as personal relationships inhibit or move us closer to maintaining hope in adversity. A description of the investigated phenomenon was formulated in the following summary statements.

> Hope is a way of surviving adversity which makes it possible for us to overcome negative feelings and resignation.
>
> Hope is a process which occurs when we envision a future in which difficulties are overcome and aspirations are fulfilled.
>
> Hope is a process in which confidence and motivation are renewed.

Hope is a process which involves renewing and revising personal beliefs, the way we think of ourselves and the way we view the world.

Hope is a process in which we respond consistent with personal beliefs.

Hope is a process which energizes us and enables us to move beyond present difficulties.

Hope involves physical aspects that are sustaining while struggling to hope involves symptoms of anxiety and fear.

Hope involves taking responsibility for our feelings, thoughts and behaviours, and for choices.

Hope involves letting go of the desire for complete control and trusting ourselves and others.

Hope includes feeling some sense of inner control and empowerment.

Hope is being cognizant of the demands of the situation while maintaining a positive view of oneself and awareness of inner resources.

Hope can involve sharing the difficulty with another, intellectually, emotionally, and physically.

Hope is vital to progress in psychotherapy.

Implications for Counselling

Outcomes of the study indicate that in psychological practice hope is significant. Throughout the study, implications for counselling were related to a number of general areas, specifically, the context of adversity, treating the self, and coping style. The following discussion highlights these counselling issues. A number of strategies which counsellors may use to assist clients with the process of hope have been identified in this study. They are included in this section.

The Context of Adversity

Characteristics of each situation can be considered. Physical and psychological health are profoundly affected by the degree of suffering. A threatening situation may increase fear and anxiety, and challenge our ability to maintain hope.

The results of the present study reflect the views of Rosenbaum (1990) who points out that the impact of trauma may be related to duration of stress and severity of stress, physical environment, and premorbid vulnerability. Adversity can hinder the individual from adapting, using coping skills, achieving self-control and regulating internal events such as cognitions and emotions needed to act. Dufault and Martocchio (1985) suggest that uncertainty is associated with stress, crisis and loss. These situations can lead to either hope or hopelessness or both. Dufault (1981) identified nine antecedents of hope, namely, captivity, loss, stress, major decision making, hardship, suffering, life review, a threatening situation and challenges without certainty of outcome.

Treating the Self

As shown in the study, the paramount importance is treating the self. Therapists can strive to understand clients and their experiential world. As May (1977) suggests, therapeutic technique can follow phenomenal understanding rather than specific theory and technique.

The results of the study reflect Carl Rogers (1961) proposition that for healthy, integrated adjustment the person must be flexible in order to adjust to life's changing conditions. The emphasis for Rogers is on a continuing valuing process and changing the value structure as appropriate.

Assumptions of self psychology are directly relevant to the present work. Kohut (1985) developed self psychology based on his belief that self is a concept that refers to the core of the personality. The self strives to realize its goals and ambitions and to live up to its ideals. The origins of the self, as designated by Kohut, are the interplay of inherited and environmental factors with the early experiences of others who respect the child or who allow the child to fulfill idealized perfection. For Kohut, disorders imply damage to the structure of self. As such cohesion, vigour, or harmony may be impaired.

Wolf (1988), based in Kohut's theory of psychoanalytic self psychology, suggests applications of the psychological concept of self to psychoanalytic treatment principles and process. According to Wolfe, "the ultimate aim of the therapeutic process should be to strengthen the self so that the person is willing and able to actively plunge into the rough-and-tumble of everyday life, not without fear, but nevertheless unfettered" (p. 102). Wolf states that within the treatment process the presence of an empathic therapist may assist the client to develop those aspects of the self which had been arrested earlier and learn appropriate responses outside of the therapeutic setting leading to better psychological functioning.

Also, based on Kohut's concepts of self psychology, White and Weiner (1986), show how self psychology can be used with a wide range of patients through case studies. Therapeutic progress is viewed as "an awakening to a creative utilization of the nuclear self with which each of us is endowed at birth" (p. xiii). Empathy and a good relationship with the therapist is considered the basis of overcoming anxiety, self-doubt, and narcissism and assisting patients to restore the power of ideal values and of idealization.

Cashdan's (1988) treatment approach draws on Kohut's theory of object relations, that the mind and its psychic structures can be understood as the human need to establish and maintain relationships. In Cashdan's view, the therapeutic relationship is the focus of treatment.

Coping Styles

As suggested in the present study, the helpfulness of particular coping styles can be an essential consideration of enabling factors related to hope. Seligman (1991) suggests that hope depends on two dimensions of an internal style of explaining troubles: pervasiveness and permanence. In his view,

> finding temporary and specific causes for misfortune is the art of hope: Temporary causes limit helplessness in time, and specific causes limit helplessness to the original situation. On the other hand, permanent causes produce helplessness far into the future, and the universal causes spread helplessness through all your endevours. (p. 48)

The latter is linked to despair, low self-esteem, and breakdown in stressful situations. Consistent with the results of this study, Seligman proposes that individuals acquire a process of identification of internal explanations of adversity, disputing those that are pessimistic by habitually considering alternatives and implications.

Practical Implications for Therapeutic Practice

General Significance

Generally, the findings suggest that individuals struggling in difficult situations experience negative feelings as they attempt to construct realities both in abstract terms and existence. Left unresolved, the situation of despair wherein neither the need to trust nor the need for empowerment are met satisfactorily can lead to the abandonment of hope and desire for life itself.

The study has indicated that interpersonal relationships are part of the experience of hope. Further to this, cooperation between psychologists and medical staff is also desirable. Increasing the patient's awareness of his or her medical condition needs to be balanced with an empathic understanding of the patient's specific emotional needs, the nature of the hope experience, and sensitivity to the presence or absence of hope. By reflecting on their own hope experiences, psychologists can acquire awareness of personal biases, resources, envisioned outcomes for a particular client, and verbal and non-verbal messages communicated to others. Information about the hope experience should be part of training programs for health professionals. The environment can encourage trust and personal power, and include human warmth, understanding, respect, genuineness, and honesty. As well, treatment planning can focus on the patient's needs for trust and control.

One approach to helping patients could be interdisciplinary services with a focus on coordination of efforts. An environment of cooperative interaction would enable psychologists and other professionals (e.g., medical staff) to identify dilemmas and constructively exchange ideas. This type of approach to providing medical and psychological support could involve the patient and others significant to the experience. Since another person can provide the much needed support to someone struggling to maintain hope in adversity, information about hope, the process, the importance of self and others should be readily available.

Psychologists' Recommendations

Psychologists reported that they assist clients to maintain hope in adversity. When the effectiveness of clients' existing strategies is not optimal they assist clients to renew and revise beliefs which enable clients to experience hope. Therapeutic procedures combine various perspectives (e.g., cognitive, existential, behavioral). Specific strategies which have been identified in the study can be summarized as follows. Psychologists use specific skills, such as:

(a) reflecting on past successes relative to coping strategies;

(b) providing information regarding difficulties in terms of symptoms and prognosis;

(c) validating the client's feelings and intentions;

(d) reinforcing the client's confidence in his or her abilities;

(e) helping clients to become aware of the strategies that they are using;

(f) assisting the client to develop beneficial goals;

(g) assisting the client to be future focused;

(h) assisting the client to look realistically at the underlying purpose of actions;

(i) reassuring clients that their feelings are normal or to be expected given their circumstances;

(j) reframing to help clients see that they are not an isolated case, that others feel the way they do;

(k) encouraging open communication regarding problems;

(l) providing honest, immediate feedback following psychological assessment with a focus on positive aspects of performance;

(m) encouraging the client to trust in the accuracy of the psychologist's interpretation of test results;

(n) verbal sensitivity to clients' need to believe that their anonymity is protected;

(o) reinforcing confidence that change is possible, that happiness is possible because current difficulties do not reflect on the person's personality or character;

(p) being realistic in terms of what the client and the therapist can and can't do;

(q) generally encouraging independence;

(r) being aware of nonverbal messages (e.g., smiling);

(s) encouraging a sense that there is something that can be done and that they are able to have an impact on the situation;

(t) assisting clients to develop a sense of direction; and

(u) assisting clients to achieve a sense that their actions can affect an outcome.

Implications for Counselling Psychologists

Given the personal perspective psychologist expressed in this study, and given that they work consistently in contexts requiring hope, it appears that technique is not enough in psychotherapy. Therapists can be aware of their beliefs, their hope. Koestenbaum (1978) provides the example of two therapists who have an exceptional reputation but in fact feel that their "anxious unconscious" will overcome them and they fear that they will in fact "die". He describes their problem in the following way: "When technique has spent itself, when its usefulness is exhausted, there still remains a fragmented, aimless, and foundationless client-therapist relationship. The practitioners themselves have not found their direction, their hope, their meaning, or their security" (p. 5). As Koestenbaum suggests, the phenomenological technique and therapeutic strategy of reflection can be used by therapists to increase awareness of personal beliefs and a deepened understanding of human existence in general.

In discussing my research with Dr. Jevne, numerous questions emerged upon which a psychologist might reflect:

1. How do I explain hope? What experiences in my own life have informed me such that I have a particular perspective on hope?
2. How do I trigger a natural human tendency?
    a. From which clients and colleagues can I learn most about hope?
3. What is the relationship between hoping and coping; hoping and control; and hoping and empowerment.
    a. To what other families of constructs does hope belong?
4. How do I affirm the decision-making that seems crucial to movement towards the future.
5. How do I accept unusual experiences versus judge them from a pathological model.

6. What does the psychologist do when his/her own hope is diminishing?
7. What would more focus on the issue of hope mean for counselling?
8. How does hope relate to the various contexts of adversity and developmental aspects of my clients?
9. How do I relate to the "Barb's" among my client and colleagues? How does hope relate to freedom in the counselling context?
10. How is it that hope continues to be neglected in the counsellor education process?
11. What is the role of spirituality as an enhancement to hope in the face of adversity?

Implications for Further Research

The study was undertaken for the purpose of acquiring research knowledge that could provide the basis for further study of the topic. Descriptive identification of the phenomenon is the crucial first step in psychological research. Theory and practice can be integrated through this human-based approach, which is more concerned with the individual's common experience than with the pursuit of theory unreflective of the human experience.

Throughout the study, I became aware of a number of areas requiring further study. These include the significance of hope within other populations facing adversity; descriptions of the effectiveness of counselling strategies employed to enable hope; the origins of hope; and intercultural and intracultural variability.

Further study from a phenomenological perspective with a greater diversity of populations would be theoretically valuable. Consideration of various personal, social and economic factors would provide information regarding the application of the findings of the study to other populations and situations.

Expanding the sources of data beyond the interview could further illuminate understanding of the phenomenon. For example, one might ask participants to submit data of their choice (e.g., journal, drawing, photograph). The participant-observer method could be employed to further identify therapeutic strategies and their effectiveness. An elaboration of how strategies incorporated into therapeutic planning influence the client would be helpful.

A longitudinal study could be conducted to investigate the hope experience in different stages of adversity. For example, such a study could focus on what happens to the person who like Barb, lets hope slip away.

Findings of the study illuminate the importance of understanding the role of significant others which bear upon hope. There appears to be a need for further research into the potential of support groups and ways in which they can assist hope in participants.

There may be two plausible physiological explanations why some people hope, while others find it difficult to hope. A competent immune system may engender hope. On the other hand, human beings may be genetically motivated to hope. The task of demonstrating the biology of hope would certainly be a challenge.

Within all cultures, there are variations to a considerable extent. Accounting for psychocultural contributions to hope could be the task of other researchers. For example, within any cultural group, motivation, and ways of thinking about control and trust may vary. This does not invalidate the explanation of hope in the study, but it indicates the benefits of a more broad sample for study than has been achieved.

Finally, in order to accomplish the expressed goals of research, more attention should be given to qualitative analysis of information disclosed in an approach that recognizes the significance of illuminating human understandings in scholarly work. Such an approach eliminates the gap that too often exists between theory and practice.

Personal Understanding

In the selection of the research topic, I was motivated to move beyond understandings based on personal and professional experiences. I was not aware at the time I started the study that my father was going to be diagnosed with cancer. In the process of maintaining hope in the adversity, I recognized at one and the same time vulnerabilities and inner resources to deal with difficulties. I saw how my anxiety and fear increased at times when I felt that he might not recover. I saw how my expectations in the form of envisioned outcomes turned the fear and anxiety into renewed confidence and motivation. I experience hope as being directed towards a wider horizon of meaning that transcends present difficulties. Each personal awareness and understanding teaches me something about myself. I realize that I have control of some aspects of my life, but must trust others in those aspects over which I have no control. I accept that some things are not in my control but that I have a general sense of control over my reactions, feelings and beliefs. I trust myself, others, and in a spiritual sense, a

Greater Power. I see that I am open, flexible, not defensive, have risk-taking ability, perseverance, and courage.

Hope may be related to growth out of my childhood experiences as well as the nature of personal relationships. My own childhood experiences were generally positive, lived in the environment of a supportive and caring family. At the same time, I believe that damage done in early childhood is reversible and generally, my philosophy of personality is optimistic rather than fatalistic.

As a result of this study I see an increasing need to address clients' struggle to maintain hope in adversity. One aspect of my deeper understanding of the experience of hope is awareness of what occurs when a person lets go of hope. By being aware of clients' resignation and associated factors I can assist clients to renew and revise beliefs as well as assist clients to act in accordance with those beliefs. Understanding the lived experience of hope brings me to a growing awareness of myself, my beliefs and reactions, both professionally and personally.

I may not be all that unlike a client of mine who is HIV positive, and knowing that patients diagnosed with the virus will almost inevitably die as a result of the disease responds to the crisis as a challenge. That challenge is described in his statement "I want to leave behind hope".

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APPENDIX A

Theoretical Triangulation

Theoretical triangulation, the comparison of psychologists' responses and the literature strengthened the outcomes of the study. This was accomplished by a conducting a second review of the literature. Based on the findings of this study, it is apparent that the themes isolated from the descriptions are consistent with the dimensions of hope identified in the literature.

The Context of Adversity

Numerous authors concur with the juxtapositioning of hope and adversity. Consistent with the findings of the study, Progoff (1985) suggests that hope is best understood within the context of adversity, "When we possess hope, and when it possesses us, colouring our perceptions of life with optimism and enthusiasm, we tend to take hope for granted. At such times we do not think about it" (p.72). Pruyser (1987) states that hope is a response to a personal tragedy. According to Lynch (1974), hope is able to act as our greatest resource in an emergency. Miller (1991) states that hope influences survival and saves individuals from the pain of a despair. Vaillot (1970) considers that "there is not hope, unless the temptation of despair is possible" (p. 271). People who have hope accept problems and believe that they will overcome difficulties according to their hope.

The Process of Maintaining Hope in Adversity

Hoping is presented as a process by a number of researchers, including Dufault & Martocchio, (1985); Nekolaichuk, (1990); Progoff (1985); Sims (1989) and Stanley, (1978). Dufault and Martocchio, based on the study of elderly cancer patients and terminally ill persons (14 years and older), describe two spheres, generalized and particularized, and six dimensions of hope: affective, cognitive, behavioral, affiliative, and temporal. Sims states that hope facilitates coping in four stages: recognizing the problem, cognitive appraisal or evaluation of the situation, responses, and problem-solving. Progoff talks about the dynamics of hope and the movement between hope and anxiety. Stanley concluded that the following common elements, isolated from descriptions provided by healthy young adults, describe hope: expectation of a significant future outcome, confident of outcome, action, comfortable feelings, uncomfortable feelings, interpersonal relatedness, and transcendence. The outcomes of this study are most similar to the conclusions of the studies by Dufault and Martocchio as well as Stanley. The results of this study clarify and expand the knowledge provided by these authors by providing description and understanding of the interplay between beliefs and reactions (feelings, emotions, behaviours) in the process of hope. Further, the descriptions are based on of a sample of professionals.

Envisioning the Future

That envisioning positive future outcomes is a universal element of hope is supported by the literature. Hope is not just a "passive kind of optimism" according to van Manen (1985) because "hope implies life commitment and work" (p. 43). In Vaillot's (1970) view, hope is not optimism, "optimism is self-centered. . . .optimism is superficial" (p. 271). Jevne (1990) described the symbolic nature of hope. Lynch (1974) stated that it is through the imagination that one is able to hope.

Other authors, similar to the results of the study, suggest that envisioning the future, desired activities and/or valued outcomes, is a dimension of hope. Mills (1979) describes the phenomenon in the following manner: "Hope is the intuitive reach of our conscious being that connects our whole selves, both conscious and unconscious, with the fullness of transcendent relationship that united past and future and one self and another" (p. 50). Hope, for Mills, is transcendence of our self, stepping beyond the boundaries of past experiences. People who hope achieve peace because they are able to realize acceptable meaning, to "glimpse the light" in the moment of anguish.

That one dimension of hope is envisioning a future in which expectations have been fulfilled is supported by Entralgo. According to Mermall (1970), Entralgo devises his theory of hope upon the concept of expectation. In his view, expectation, articulated through creativity, rivals the role of anxiety.

The understanding of hope emerging from the study is consistent with findings from Parse's (1990) study of the lived experience of hope. Parse concluded that the lived experience of hope can be described in the following way:

1. Anticipating possibilities through envisioning the not-yet.
2. Harmoniously living the comfort-discomfort of everydayness.
3. Unfolding a different perspective of an expanding view. (p. 15)

Progoff (1985) suggests that hope is a vision of reality that will eventually be transposed, becoming one of the realities of life. He summarizes his view of image of reality in the following statement: "An image of reality is a symbolic expression of something that is true in essence but is not necessarily true in fact" (p. 23). It is a guiding principle of growth focused on the potentiality of becoming concrete.

Responding and Moving Towards Change

Menninger (1959) suggests that hope is process, a confident search that moves one forward. According to Dufault and Martocchio (1985), hope is a "multidimensional life force characterized by a confident yet uncertain expectation of achieving future good which is realistically possible and personally significant".

That hope moves the person in the direction of change is a theme supported in the literature (e.g., Korner, 1970; Lange, 1978; Menninger & Pruyser, 1963). Entralgo, according to Mermall (1970), distinguishes between two types of hope: passive hope, such as a view of a "land of milk and honey", and active hope that follows from personal aspirations. Korner (1970) suggests that hope is associated with personal matters, is energizing, stimulates action, and is both conscious and unconscious.

The physiologic effect of positive emotions such as hope, positive chemical changes, is discussed by

Cousins (1976) in the account of his recovery from a supposedly incurable illness. In his words, positive emotions such as hope are "the chemistry of the will to live" (p. 1463). Gottschalk (1985) proposes that hope lessens susceptibility to illness because of its influence on immune competence. Udelman and Udelman (1985) based on research of mental depression and immune reactions suggest that hope scores (derived from content analysis of verbal samples) hold predictive value with respect to immune competence.

Perceiving Control and Choice

That perceived control and choice are a necessary element of hope is supported in the literature. Sims (1989) states that through coping, hope can be facilitated by enhancing the cancer patient's locus of control. Miller (1991) states that hope increases personal power to deal with stress for patients and families.

Cousins (1976) states that the most beneficial contribution made by his doctor during the struggle with what was considered an incurable illness was respect and mutual control. The impact for Cousins was that he felt like a "respected partner", that the doctor had engaged his "subjective energies" (p. 1463).

In a study of advanced cancer patients, Sela and Jevne (1988) investigated the moderating effects of health locus of control (perceptions of internal or external control over health) on suffering (pain), future expectations (hope), and action (coping). They concluded that "the higher the externality the higher is the perceived pain, the sense of hopelessness, and the more maladaptive coping strategies are utilized" (p. 6).

Breznitz (1986) suggests that a North American bias exists toward control and, therefore, control is viewed as the most adequate method of coping with stress. Breznitz cautions that for some life crises, accommodation and acceptance are required. In some situations, it would be problematic for a person to try and control the situation.

Perceiving Trust

That perceived trust is an universal element of hope is supported by the literature. Travelbee (1971) suggests that hope is closely related to trust and perseverance. Entralgo (Mermall, 1970) considers that trust and expectation are basic elements of the structure of hope. In his view, hope is "habitual trust" which originates in critical expectations, whereas mistrust leads to despair and even to suicide. Trust is a precondition of creativity which moves the person in the direction of enrichment of being and actualizing the possible. Erikson (1964) suggests that hope acquired at the first stage of development, basic trust versus basic mistrust, is necessary to transcend it and prepare the person to face the challenge of the next stage of development. Lange (1978) identifies faith, trust, confidence in self and others, as well as fortitude, as emotional elements of hope.

According to Marcel (1978), past experiences provide reassurance that one has the resources for dealing with future stressors. Meissner (1989) expanded the idea of hope learned through experience. In his view, "One must learn the conditions of objective possibility - the limits of possibility imposed by the structure of reality - as well as the limits of subjective possibility" (p. 20).

Reflecting

That reflecting and attributing meaning to the experience is an aspect of the hope experience is supported in the literature. Miller (1989) states that feeling that life has meaning and growth can result from adversity and that this is important to maintaining hope. Frankl (1957) recounts a similar reaction from prisoners in German concentration camps. Activities regarded as ordinary in normal situations gave meaning to life and energy to function in the terrible conditions of physical and psychological stress. Frankl suggests that individuals can preserve personal freedom to choose their attitude despite a given set of circumstances.

Other authors point out that spiritual beliefs enable the individual to transcend suffering, crises and difficulty. For some, beliefs enabling transcendence of suffering are based on a relationship with God facilitated by religion. Miller (1989) observes that religion gives valued emotional support to those who are religiously orientated. Carson, Soeken, Shanty and Terry, (1990) conclude from their study of patients living with AIDS that hopeful participants are spiritually well. In their view, gay men achieve hope and spiritual well-being, not as a result of religious well-being, but rather through existential well-being, validation of value and purpose in living, affirmation of the belief that life has meaning, and that one is needed and loved.

The Relationship Between the Uniqueness of the Person and Hope

The concept of hope as a process is useful as broad framework from which to understood movement through adversity. However, the experience of hope is far more complex than indicated by only these dimensions. The importance of personal beliefs and attributes revealed in the study are supported by the literature as a necessary element of hope. Pruyser

(1987) suggests that hoping is a matter of the existential condition of "being". Grounds for hoping, according to Pruyser (1987), lie "in the ways in which reality has thus far disclosed itself to the person and in the meanings which that person has found in the disclosures" (p. 125). Frank (1968) and Frankl (1957) state that purpose and meaning in life derive from having something satisfying for which to live is necessary for hope.

Antonovsky (1979) states that the origins of mental health are associated with a sense of coherence. Antonovsky defined sense of coherence for the individual as,

> A global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that one's internal and external environments are predictable and that there is a high probability that things will work out as well as can reasonably be expected. (p. 123)

According to Antonovsky, the person with a weaker sense of coherence is without much hope.

Other professionals have report that hope experienced by the therapist and transmitted to the client holds therapeutic value. For example, in a review of hope as method of therapy in the work of

Karen Horney, Diez Manrique (1984) states that therapists need hope for progress and future outcomes for the client. Frank (1968) suggests that the mobilization of hope is crucial for psychotherapeutic improvement. In his view, the attitudes of the therapist and ability to establish trust are necessary factors to "awakening" the client's hopes of help.

Findings in the study that inner resources are important to the experience of hope, are consistent with the literature. Miller (1989) reports that the conviction that a positive outcome is possible (determinism) allows one to master the crisis. Hope is related to courage, the ability to realize limitations and persevere towards envisioned desired outcomes. Courage, according to Entralgo (Mermall, 1970) can repudiate uncertainty and ward off despair. Day (1970) states that fear is the opposite of hope. For Engel (1962), hope is based in an confident attitude in spite of ambiguity.

The Interpersonal Nature of Hope

That the interpersonal nature of hope is an universal dimension of the experience is supported in the literature. For Lynch (1974) hope is sense that assistance from another person is available. Erikson

(1964) suggests that hope develops from a child's trust in a maternal person. According to Dufault and Martocchio (1985), hope has an "affiliative" dimension that suggests that the hoping person has a sense of relatedness or involvement beyond self (other people and God). Stanley (1978) concludes that interpersonal relatedness is a common element to the lived-experience of hope.

Psychotherapy and Approaches to Enabling Hope

The therapeutic value of hope is recognized by a number of authors (Bruhn, 1984; Diez Manrique, 1984; Dufrane & Leclair, 1984; Frank, 1968; Kemp, 1984; Orne, 1968; Pruyser, 1987; and Ruvelson, 1990). Farran and Popovich (1990) suggest that therapists can assess the ability to hope in relation to various aspects such as physical activity, cognitive aspects relative to maintaining a positive futuristic attitude, interpersonal relationships, and degree of personal control. Dufrane and Leclair (1984) support the view that hope facilitates a meaningful relationship for both the client and the counsellor.

Other professionals have reported that clinical interventions provided in counselling groups benefit mental health. For example, Yalom (1985) identifies hope as crucial, especially during the early stages of group development. Empowering the group as well as the group leader is linked to the instillation of hope and therapeutic outcomes in group counselling in a discussion by Couch and Childers (1987). Waldo (1985) also believes that the instillation and maintenance of hope is crucial to the group's effectiveness, defined as "the belief that problems can be overcome" (p. 55). There is evidence that supportive interactions among people are a necessary protection in times of stress (Bruhn, 1977; Buehler, 1975; Buettner, 1988).

APPENDIX B

Investigator Triangulation

The second reviewer is a social worker. He is a mature psychotherapist with his own private practice. His theoretical tool, bioenergetics, differs from that of the participants in the study. The data gathered in the audio-taped interview provided addition support for the research findings. The following excerpts demonstrate how he responded to the research findings.

The Context of Adversity

The reviewer suggested that hope can be identified descriptively and understood in the context of adversity. The individual's assessment of the situation was emphasized by the reviewer. In his view, some people welcome adversity.

> The symbol for danger is also the symbol for hope or for opportunity. I think that for some people, their experiences dealing with painful or difficult situations has produced something positive or exciting. Something that one would say was transformational and I think that quite often there is required opposition or difficulty in order for something exceptional or excellent to emerge. . . . I would say risk. . . .Some people have a high need for that [to challenge themselves].

The significance of how one defines a situation was supported by the reviewer. He provided the description of a personal experience, a wedding that he attended.

> I came away from it actually a little depressed for a couple of hours. . . .There was an overflow, overflowing of good wishes and sentimentality towards the bride and groom and it makes one feel that the life and love that one has, by contrast, is not very deep or very significant.

Movement beyond assessing the situation was confirmed by the reviewer as an aspect of the hope experience.

> A person would begin with reaction, defining a problem, just kind of reacting to something. . . some things have to change for hope to kick in.

The Process of Maintaining Hope in Adversity

Envisioning the future as a dimension of hope was supported by the reviewer. According to the reviewer, people who are hopeful have positive expectations,

> Because they've learned that is a way for them to get the results that they want in life. . . . to deal with world to get the most of what you want most of the time.

That reacting, physically and mentally, is an aspect of hope was confirmed by the reviewer.

> It has a real kinaesthetic component, that when I am aware or feel that I am experiencing myself to a very full degree has to do a lot with body sensations. I usually am quite aware of my breathing. I am quite aware of energy moving in my body. . .it's movement, physically, energetically, emotionally and it's when those processes are sharp and full that I have the experience of self in a much fuller, meaningful way.

He commented on my observation that participants did not focus on body sensations.

> We have a culture that is very cognitively orientated. . . .Most psychologists are conditioned to think about understanding in an analytical way.

The reviewer's account of physical sensations expanded the description of hope in the study.

> The antithesis of hope would be the experiencing of fear. If your stomach is tight, if your chest, neck, back, shoulders, and perhaps other parts of the body are contracted and constricted, then you're probably in to some very severe kind of holding. That's the opposite of hope to me.

According to the reviewer, sensory experiences are associated with hope.

> Breathing that is deeper, probably would have to do with things like the shoulders being more relaxed, more dropped own rather than held up, a relative softness in the facial muscles, so there would be, maybe more color in the skin.

And further, positive physical experiences are self-affirming. There is a willingness to reach forward to pleasurable experiences that increases as these experiences are repeated.

> You have to have pleasurable experiences and repeated pleasurable experiences before your body will reach forth in a way that it becomes self-fulfilling.

The significance of control in the hope process was also identified by the reviewer. When we perceive control we renew our confidence and achieve a greater sense of certainty regarding the outcome.

> I think that control for anyone gives some degree of predictability, some sense of, if not being

> able to master a situation, at least being able to participate in affecting the shape or direction of the outcome.

Further, control is linked to trust. We want to feel the safety that comes from affirming that another person and society will understand, accept, and support us. When we trust ourselves we are able to enter into the process of dealing with fear and anxiety.

> You're not going to have a whole lot of trust if you are stuck in fear or defensive anxiety or those kind of experiences. . . . Trust in the other person, trust in the environment, trust in themselves.

There is a trust and a willingness to risk possible pain and rejection whenever we hope. We have a sense of being able to give and receive love.

> The issue of trust comes through very strongly, the willingness to risk, to tolerate pain, to tolerate rejection as a possibility. A friend of mine says you have to be a fool to love anyone because for sure you're going to be hurt sometime. But what's the alterative? Hope is a little bit like that.
>
> I think that some people have a capacity for a tolerance of pain and for dealing with adversity that still leaves lots of room for trust.

The Relationship Between the Uniqueness of the Person and Hope

The uniqueness of the person was considered a significant dimension of hope. The reviewer focused on courage as well as cultural and personal beliefs.

Courage probably has a great deal to do with it

> . . . .And for some groups of people courage is very highly valued. For other groups of people it is quite devalued. . . .Some people that are interested in cooperation and peace as a higher value than conflict or dealing with issues of conflict are not going to be as interested in courage. They're going to see that as traditional "macho" foolishness.

The reviewer provided some "random thoughts" about Barb, the participant who let hope slip away. In his view, Barb may not have achieved balance between her needs and the needs of others.

> It could be that before this time [her illness] she lived a good time of her life with primary reference to other people and their needs, rather than her needs or a balance or even primary reference to her own individual needs, or even the existence of herself as an individual.

Further, the reviewer discussed the importance of the "inner or kinaesthetic and/or spiritual sense." In his view, Barb may not have been able to overcome fragmentation to establish a cohesive sense of self.

> When one's mask is ripped off, perhaps by serious illness and when one sees or experiences an empty can, it's probably not reassuring. . . .She would probably, or he, would probably know that it is a very steep climb and that it is a great deal of work. . . .to develop an inner sense of self, picking up the pieces, overcoming the fragmentation.

With respect to the influence of childhood experiences, the reviewer stated,

> I mean, why would you expect something positive in a hope-related sense if that hadn't have been your experience unless you were totally naive.

Further,

> I think that shame and humiliation in previous experiences are a factor for a lot of people in terms of whether they're willing to reach out, willing to risk and to put themselves in a vulnerable position.

Interpersonal Nature of Hope

The significance of interpersonal relationships was confirmed by the reviewer.

> Hope was one the things that they [professors] emphasized as a critical dimension of forming relationship and that relationship was an absolutely critical dimension of the helping process. . . .The use of relationship and the experience of risk and hope and those kind of things are very essential [to counselling].

Psychotherapy and Approaches to Enabling Hope

The reviewer went on to discuss his view of content in therapy.

> Most of us have gone through experiences when we were small and vulnerable that were pretty negative experiences. Whether that would have been receiving a lot of anger, the experience of fear, of a lot of shame, or a lot of terror . . . .If they reside in self, in our psychic . . .it becomes a pocket of pain.

Therapy is important to enabling hope, according to the reviewer, because therapeutic intervention enables clients to renew or revise personal beliefs.

> [Therapy] allows one to redefine some thing in one's head that it is possible to deal with adversity and that it's a lot easier to do if one gets support.

APPENDIX C

Research Design Summary

Study Title: The Lived Experience of Hope:
A Qualitative Study of Psychologists
Researcher: Patricia Sutherland
Phone: 439-1890 (residence)
492-5245 (Ed.Psy.General Office)

As part of this study, you are being asked to participate in two in-depth interviews. The first interview will focus on your personal experiences of hope and the meaning of hope within the context of your practice. The second interview will provide you with the opportunity to expand this information as you reflect on your earlier interview. Regarding my role during the interview, I may ask for clarification of a particular point but will mainly listen as you share your perceptions with me. Each interview will be audio-taped and later transcribed by me or by a typist who will maintain confidentiality.

The study will be conducted as a Doctoral Dissertation under the supervision of primary advisor, Dr. Ronna Jevne, Professor, and Dr. Carolyn Yewchuk, Assistant Professor, and Dr. Gretchen Hess, Associate Professor, all within the Department of Educational

Psychology, University of Alberta.

All information is confidential and the identity of participants, as well as the name of any other person mentioned, will not be identified with the data. The audiotapes will be stored in a locked space during the study, and erased following completion of the study.

Your assistance is requested in the identification of additional potential participants for the study. The criteria for selection of participants is experience with the topic under investigation and an ability to articulate the experience. I would appreciate you providing the name of another psychologist who you can identify as appropriate for the study. I will contact the person by phone, or in person, to explain the study; to request consent to participate; and to schedule two one-hour interviews.

Please contact me should you wish additional information regarding the study.

APPENDIX D

Consent to Participate

Study Title: The Lived Experience of Hope: A Qualitative Study of Psychologists

Researcher: Patricia Sutherland, Ph.D. Student
Department of Educational Psychology

As part of the requirements for the completion of a Doctoral program, I am conducting a research study which will investigate the meaning of hope. The purpose of the study is to expand knowledge of the meaning of the phenomenon. The focus of inquiry is to describe psychologists' personal and professional experiences of hope. This knowledge can form the basis for further phases of inquiry aimed at devising therapeutic strategies and additional research on the topic.

Your participation in the study is requested. All information for the study will be gathered in two audio-taped interviews. It is expected that each of the interviews will be one-hour, with a week or two interval between each.

Your signature below will indicate that you agree to participate in the above named study.

I,__________________(print name), give permission to be interviewed and for the interviews to be tape recorded. I give permission for the investigator to reproduce this interview, or part of this interview in the study as deemed necessary. I understand that no data will be associated with any participant. I understand that the research findings may be published, and that these results will be available to me, at my request. I understand that I may refuse to answer any questions and am free to withdraw from the study at any time.

Signed ___________________Date_______

Witnessed_________________Date_______

Researcher________________Date_______

APPENDIX E

Background Data

Code Number: ___________ Date:_________

Age: ___________

Gender: ___________

Type of Practice: _____________________________________

____

____

Theoretical Perspective: ______________________________

Size and Brief Description of Community:_______________

____

APPENDIX F

Fieldnotes Summary

Code Number: ________ Date of Interview: ____________ Starting Time: _______ Ending Time: _______

Content (e.g., topics, focus, exact words, what stands out)	**Non-Verbal** (e.g., tone of voice, facial, body posture, tone of interview, hand gestures, eye movement)	**Investigator's Impressions** (e.g., emotional responses, discomfort with certain topics, sense of the person, personal thoughts)	**Analytical Processes** (e.g., questions, hypotheses, inferences, patterns or themes, interpretations)

(Adapted from Dufault, 1981)

APPENDIX G

Oath of Confidentiality

Study Title: The Lived Experience of Hope: A Qualitative Study of Psychologists

Researcher: Patricia Sutherland
Department of Educational Psychology,
U of A

All persons associated with the Lived Experience of Hope Study, which is being conducted with psychologists, are asked to sign an Oath of Confidentiality. You and the principal researcher could be held legally responsible for any damages resulting from breach of confidentiality. Therefore, I would ask that the signing of this oath be an indication of your commitment to the personal nature of data gathered in this project.

I, ..., swear (or solemnly affirm) that I will diligently, faithfully and to the best of my ability, execute according to law the duties required of me as an associate of the project known as The Lived Experience of Hope: A Qualitative Study. I will not, without undue authorization, disclose or make known any matter or thing which comes to my knowledge by reasons of may involvement in the service of this project.

....

Taken and subscribed before me at ....
this .... day of ...., 19....

....
(Witness)

APPENDIX H

Project Work Plan

Study Title: The Lived Experience of
Hope: A Qualitative Study

Researcher: Patricia Sutherland
Ph.D. Student
Department of Educational Psychology

Phase I: Developing the Proposal

Time Period	Activities
Apr-Oct, 1991	Selection of a topic
	Brief review of the literature
	Formation of the research question
	Preparation of the proposal

Phase II: Obtaining Ethical Approval

Time Period	Activities
Nov, 1991	Submission to Ethics Review Committee Department of Educational Psychology (approved Nov. 19, 1991)

Phase III: Data Collection/Data Analysis

Time Period	Activities
Jan-Aug, 1992	Contact of participants by phone to describe the project and arrange interview times
	Interview(s) conducted with participants. Interviews were audio-recorded
	Completion of field notes within 24 hours of each interview
	Transcription of audio recordings
	Review of the transcript with the participant

	Review of interview style by dissertation supervisor
	Coding of transcripts and discussion with dissertation supervisor
	Comparison of codes from one interview with the findings of previous interviews to discover emerging patterns and themes
	Documentation of coding procedures and analysis. Comparison of study findings with literature on the topic. Review of findings by other professionals

Phase IV: Completion of the Final Report

Time Period	Activities
Apr-Nov, 1992	Preparation of final report